

Direct Debit Authority

# AMP Capital Investment Funds and Cash Advantage Fund

Use this form to arrange for REGULAR INVESTMENTS to be automatically invested in your nominated funds. Please send this form to AMP Capital Investment Funds, PO Box 106-435, Auckland. Fax (09) 360 4501 or email query@ampcapital.co.nz. If faxed or emailed, please ensure you post the original to AMP Capital Investment Fund Applications, PO Box 106-435, Auckland.

New Direct Debit Authority  Change Existing Authority

Client number

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**PAYMENT INSTRUCTIONS**

Please indicate the amount you wish to deposit below.

<input type="checkbox"/> Cash Advantage Fund	\$	<input type="text"/>
<input type="checkbox"/> AMP Capital NZ Cash Fund	\$	<input type="text"/>
<input type="checkbox"/> AMP Capital NZ Fixed Interest Fund	\$	<input type="text"/>
<input type="checkbox"/> AMP Capital NZ Short Duration Fund	\$	<input type="text"/>
<input type="checkbox"/> AMP Capital Equity Opportunity Fund	\$	<input type="text"/>
<input type="checkbox"/> AMP Capital Strategic NZ Shares Fund	\$	<input type="text"/>
TOTAL	\$	<input type="text"/>

Please select one (minimum \$50.00 per payment)

Weekly  Fortnightly  Monthly

Four-weekly

Regular contribution date

Amount \$

I/We acknowledge that I/we have received a copy of the Investment Statement for the funds in which I am making a regular investment.

**AUTHORISATION**

I/We authorise you until further notice to debit my/our account with all amounts which AMP Custodian Services (NZ) Limited (hereinafter referred to as the Initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debt.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

**INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT**

Payer particulars	Payer code	Payer reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank holder signature \_\_\_\_\_ Date \_\_\_\_\_

Bank holder signature \_\_\_\_\_ Date \_\_\_\_\_

For bank use only

Approved	Original - retain at branch	Date Received:	Recorded By:	Checked By:
0218054				
1805				
06   08				

BANK STAMP

Email address for communication

**BANK INSTRUCTIONS**

Name (of bank account)

Bank account from which payments are to be made

Bank	Branch	Account No.	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(please attach an encoded deposit slip to ensure your account number is loaded correctly).

**TO THE BANK MANAGER**

Bank

Branch

Town/City

# CONDITIONS OF THIS AUTHORITY

## 1. The Initiator

- a. Has agreed to give advance notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than two calendar months) the date the direct debit will be initiated. This notice will be provided either:  
in writing; or
  - i. by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator. The advance notice will include the following message:
  - ii. "Unless advice to the contrary is received by you by (\*date), the amount of \$..... will be directly debited to your Bank account on (initiating date)."  
  
\*This date will be at least two days prior to the due date to allow for amendment of direct debits.
- b. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further direct debits are to be initiated under the Authority. Upon receipt of such notice, the Bank may terminate this Authority as to future payments by notice in writing to me/us.

## 2. The Customer may:

- a. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b. Stop payment of any direct debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.

## 3. The Customer acknowledges that:

- a. This Authority will remain in full force and effect in respect of all direct debits made from me/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- b. In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.

- d. Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
  - i. the accuracy of information about direct debits on bank statements
  - ii. any variations between notices given by the Initiator and the amounts of direct debits
- e. The Bank is not responsible for, or under any liability, in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

## 4. The Bank may:

- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given or drawn on the Bank.
- b. At any time terminate this Authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time-to-time.