



Change of monthly billing details

Details

Contact Name

Company Name

MYOB Serial Number

Phone Number

Please select from the options below:

- I wish to change my Credit Card details to those below.
- I wish to change my Direct Debit from Bank Account to the Credit Card below.
- I wish to change my Bank Account details*.
- I wish to change my Direct Debit from Credit Card to Bank Account*.

*Please note: A Direct Debit Authority Form will also need to be completed.

Credit Card

Visa MasterCard Diners AmericanExpress

Credit Card

Expiry Date

Cardholders Name

Date

Signature

- I hereby authorise MYOB to deduct monthly payments from the above Credit Card.

Please fax to 03 983 2670 and allow 5 working days to processing.



Authority to Accept Direct Debits

MYOB NZ Limited
PO Box 2864, Christchurch

To: The Manager

Bank _____

Branch _____

Address _____

Town/City _____

1. I/We _____
Practice Name

Serial Number/ Client Code _____

Authorise you until further notice in writing to debit funds from the bank account nominated below all amounts which **MYOB NZ Ltd** (hereafter referred to as the Initiator) initiate by Direct Debit.

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Bank	Branch	Account No.	Suffix	Account Name

Information to appear on my/our Bank Statement:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Payer Particulars	Payer Code	Payer Reference

- 2. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.
- 3. This Direct Debit Request form must be signed by an authorised signatory (or signatories) of the bank account. If debiting from a joint bank account, all signatories may be required.

Signature of authorised person (s)	Date: day/month/year
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PLEASE POST ORIGINAL DIRECT DEBIT FORM TO MYOB NZ LTD. THANK YOU.

<div style="border: 1px dashed black; padding: 5px; margin: 0 auto; width: 80%;"> <p>APPROVED 0621 09/11</p> </div>

<p>FOR BANK USE ONLY:</p> <p>Original – Retain at Branch Duplicate – Return to Registered User We verify validity of Debtor’s bank, branch account number, and suffix has completed above and confirm that the authority has been loaded.</p> <p style="text-align: right;">BANK STAMP</p> <p>Date: ___ / ___ / ___ Initials: ____</p>
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<p>FOR MYOB USE ONLY:</p> <p>Processed by:</p> <p>Checked by:</p> <p>Date:</p>

CONDITIONS OF INSTRUCTION TO ACCEPT PAPERLESS DIRECT DEBITS

- 1) **The Initiator**
 - (a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated.
This notice will provide either:
 - (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior consent to the Initiator.
The notice will include the following message:- "The amount of \$....., will be direct debited to your Bank account on (initiating date)."
 - (b) May, upon the relationship which gave rise to this instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the instruction. Upon receipt of such notice the Bank may terminate this instruction as to future payments by notice in writing to me/us.
- 2) **The Customer may:**
 - (a) At any time, terminate this instruction 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 instruction by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
 - (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alternation of the Direct Debit back to the Initiator through the Initiator's Banks, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.
 - (d) Request the Bank to reverse any Direct Debits initiated by the Initiator under the Instructions by debiting the amount of the Direct Debits back to the Initiator through the Initiator's Bank where the Initiator cannot produce a copy of the Instructions and/or Confirmation to me/us that I/we are reasonably satisfied demonstrate that I/we have authorised my/our bank to accept Direct Debits from the Initiator against my/our account PROVIDED the request is made not more than 9 months from the date when the first Direct Debit was debited to my/our account by the Initiator under the Instructions.
- 3) **The Customer acknowledges that:**
 - (a) This instruction will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this instruction until actual notice of such event is received by the Bank.
 - (b) In any event this instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to me/our account.
 - (c) Any dispute as to the correctness or validity of any 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 instruction. 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:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of the Direct Debits.
 - (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advanced notice correctly nor for the non-receipt or late receipt by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
 - (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.
- 4) **The Bank may:**
 - (a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other instruction, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - (b) At any time terminate this instruction 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.