

Congratulations on selecting Autosure for your insurance. Our priority is to ensure all customers receive the best insurance and best service from our company. To help our customers we have developed one of the most flexible payment facilities available.

Optimum lets you choose

As well as all the other advantages of insuring with Autosure, you can enjoy the flexibility and convenience of Optimum - our premium payment plan.

If you want to pay your annual premium up front, that's fine. But, if you prefer to spread the load, we offer a variety of options to make it easier for you.

You say when

- Pay fortnightly, monthly, quarterly, six monthly or annually.
- For fortnightly payments, you can choose any day of the week.
- For all other payments you can choose any date of the month.

You say how

- Pay automatically by direct debit from your bank account . . . or
- charge payments to your charge card (American Express or Diners Club) . . . or
- charge payments to your credit card (VISA or MasterCard).

You can change your mind any time

- You can change your payment option at any time.
- Lump sum payments can be made at any time to reduce your future instalments.
- You can switch from instalment to annual payment at any time.
- You can switch from annual to instalment payments at renewal time.

Make your choice

1. If you would like to pay by:
 - **direct debit** - please complete the bank authority form enclosed; or
 - **credit or charge card** - please complete the credit/charge card authorisation form enclosed, then
2. Attach the form to your insurance proposal or renewal notice, then
3. Return both forms to Autosure (address overleaf).

Then just leave the rest to us!

Please note there is a service fee for Optimum payments. The fee structure is shown below.

		Frequency of payment			
		Fortnightly	Monthly	Quarterly	Six monthly
Premium per policy	Less than \$2,000	10%	10%	7%	5%
	\$2,001 - \$20,000	7%	7%	5%	3.5%
	greater than \$20,001	5%	5%	3.5%	2.5%

If you have any queries please contact Autosure on 0800 227 787.

Autosure's Insurance products are underwritten by Vero Insurance New Zealand Limited.



DIRECT DEBIT AUTHORITY

DIRECT DEBIT AUTHORITY - How to fill in this Authority

1. Complete your Bank Account Name Details. 2. Fill in your Bank, Branch, Account, and Suffix Number from which payments are to be made. 3. Complete your Branch Address. 4. Complete Personal Account Details. 5. Sign and date this Authority. 6. Complete the frequency of payments required. (Please note that only cheque accounts and certain types of savings accounts are available for Direct Debit. If you are unsure about your account, please check with your bank.)

1 Name of Bank Account:

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

2 Bank Branch No. Account No. Suffix

AUTHORISATION CODE
1207494
(User number)

To: The Manager (Please print full postal address clearly)

3 Bank / Branch:

Autosure's insurance products are underwritten by Vero Insurance New Zealand Limited. I/We authorise you until further notice in writing to debit my/our account with all amounts which Vero Insurance New Zealand Limited, (hereinafter referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this Authority only upon the conditions listed on the reverse of this form.

BELOW IS THE INFORMATION THAT WILL APPEAR ON YOUR BANK STATEMENT

Payer Particulars

Payer Code

A U T O S U R E

4 Name:

Policy Reference: (as shown on the top of your application)

Address:

Phone (private):

Phone (business):

Authorised Signature(s)

5

Date:

6 Instalment Frequency: Fortnightly Monthly Quarterly Six Monthly Annually Date of Commencement

If Fortnightly Frequency Which Day: Monday Tuesday Wednesday Thursday Friday / /

If Any Other Frequency: Date of month (i.e: 15th)

FOR BANK USE ONLY

Original - Retain At Branch
Duplicate - Forward to Autosure in self addressed and postage pre paid envelope provided

Approved 0749 05/06	Date Received: <input type="text"/>	Recorded By: <input type="text"/>	Checked By: <input type="text"/>	Bank Stamp <input type="text"/>
---------------------------	-------------------------------------	-----------------------------------	----------------------------------	---------------------------------

CREDIT CARD AUTHORITY - How to fill in this Authority

If you would like to pay your insurance premium by credit or charge card please complete the relevant details below, then return it to us along with your personal application. Please do not send us your credit card - all we need is your signature as authority to debit your credit card.

NB: A receipt will not be issued.

YES, I would like to pay my premium by: Visa MasterCard Amex Diners

Account No:

Cardholder's Name Contact Phone Number Card expiry date: / /

Policy reference (as shown on the top of your application) Cardholder's Signature / /

Instalment Frequency: Fortnightly Monthly Quarterly Six Monthly Annually Date of Commencement

If Fortnightly Frequency Which Day: Monday Tuesday Wednesday Thursday Friday / /

If Any Other Frequency: Date of month (i.e: 15th)

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) The Initiator undertakes to give written notice to me/us of the commencement date, frequency and amount of Direct Debit at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide me/us with a schedule detailing each payment amount and each payment date.
In the event of any subsequent change to the frequency or amount of the regular Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
- (b) May, upon the relationship which gave rise to this Authority being terminated, give written notice to the Bank that no further Direct Debits are to be initiated under this 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 both the Bank and 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.
- (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 clause 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 alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

- (a) This Authority 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 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 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 Authority. Any other disputes lie between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
- (e) The Bank is not responsible for, or under any liability, in respect of:
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - 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.
- (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 of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to 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.

Privacy Act - personal information

Under the Privacy Act 1993 you have the right of access to and correction of your credit card information collected and stored by us for the purposes set out below:

I/We agree that my/our information may be used by Vero Insurance New Zealand Limited to advise me/us of your other services.

I/We agree to you releasing to other "interested parties" information regarding this insurance.

Cardholder's signature

Date