Direct Debit form

Medical Protection

MEDICAL PROTECTION
PO Box 973, Wellington 6140.
Phone 0800 225 56677.

Reference number

Membership number

Authority to accept Direct Debits
(Not to operate as an assignment or an agreement)

Authorisation Code
0 6 1 8 4 4 6

(Tick one) ☐ Monthly ☐ Yearly

Name of bank account holder

Date dd-mm-yyyy

Customer to complete bank/branch number and account number and suffix of account to be debited.

Bank Branch Account number Suffix

Name of Bank and Branch

I/We authorise you until further notice to debit my/our account with all amounts which Medical Assurance Society, acting on behalf of THE MEDICAL PROTECTION SOCIETY the registered Initiator of the Authorisation Code above, 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.

This information will appear on your bank statement:

Particulars

M	P	S		S	U	B			

Payer code

Authorised signature/s **Date** dd-mm-yyyy

Authorised signature/s **Date** dd-mm-yyyy

Return to advisor

For bank use only

Approved	Date received	Recorded by	Checked by	Bank stamp
1844 09 2006				

Original – retain at branch. Duplicate – forward to initiator if requested.

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