T H O R N E R

 FINANCE LIMITED

 P O Box 40-190

 UPPER HUTT

 Ph: (04) 5288-088

( )

Please write your daytime

contact phone here

 Fax: (04) 5288-838

Name of account:

Authorisation Code:

Customer to complete bank/branch number and account

0

1

0

4

9

2

1

number and suffix of account to be debited:

 Date:

 ........./........./.........

 Bank Branch Account number Suffix

To: The Manager (*Insert name of Bank and Branch)*:

Address (P O Box):

Town/City:

I/We authorise you until further notice in writing to debit my/our account with you all amounts which:

**T H O R N E R F I N A N C E L I M I T E D**

*(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 accept this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR IN MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR)

 PAYER PARTICULARS PAYER CODE PAYER REFERENCE

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 I N S U R A N C E

NAME OF ACCOUNT (CUSTOMER TO COMPLETE)

AUTHORISED SIGNATURE (S)

Bank Stamp

 *FOR BANK USE ONLY*

Checked

by:

Recorded by:

Date received

*Approved*

 Original - retain at branch