

You must complete both the Direct Debit and Registration forms to enable Direct Debit to be established.

Name of Account: _____

CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED.

Bank		Branch			Account Number						Suffix									

I/We authorise you until further notice in writing to debit my/our account with you all amounts which Foodstuffs Christmas Club Ltd (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.

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

Payer particulars	Payer Code	Payer Reference
XMAS CLUB	PAKNSAVE	0800PAKNSAVE

CUSTOMER TO COMPLETE

NAME OF ACCOUNT: _____	AUTHORISED SIGNATURE(S): _____
_____	_____
_____	_____

Terms and conditions

1. The Initiator: (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days before (but not more than 2 calendar months) the date when the Direct Debit will be initiated. This advance notice must be provided either: (i) in writing; or (ii) by electronic mail where the Customer has provided prior written consent to the Initiator. The advance notice will include the following message: "Unless advice to the contrary is received from you by (date*), the amount of \$....., will be direct debited to your Bank account on (initiating date)." *This date will be at least two (2) days prior to the initiating 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. (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 alteration of the 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 not withstanding 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.

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

Authorisation Code (User Number)
1 2 1 7 6 2 7

TO: The Manager

BANK: _____ BRANCH: _____

ADDRESS: _____ (PO BOX): _____

TOWN/CITY: _____ DATE: _____

10/14

APPROVED - 1762

BANK USE ONLY

Date Received: _____

Recorded By: _____

Checked By: _____

Original - Retain at branch. Copy - Forward to initiator if requested

Payment details Payment amount: \$ _____

I want to make my payments every: Week Fortnight Month

I would like my payments to be made at midnight on:
Monday Tuesday Wednesday Thursday Friday

I would prefer my first payment to be made on: ____ / ____ / ____

We will write or email you to confirm the actual start date.

REGISTRATION FORM

Registration of your card is optional, except when arranging Direct Debit.

Which PAK'nSAVE do you usually shop at? _____

Card Number (from back of Christmas Club Card):

0 2 5 7 _____

Title: _____ M F

First Name(s): _____

Surname: _____

Full address: _____

Town/City: _____ Post code: _____

Daytime Phone: _____ Mobile Phone: _____

Email Address: _____

Continue on reverse >

Security: The following information is required for security purposes:

Date of Birth: _____

I have read and agree to the Terms and Conditions of Christmas Club and verify the above information as correct:

Signed: _____ Date: _____

We respect your privacy:

Information provided in this registration form may be held by FOODSTUFFS Christmas Club Ltd (FCCL) or its authorised agents. Information collected will be used by FCCL, its agents and service providers for the purpose of providing and obtaining offers and services relating to the Christmas Club programme. Information from the Database may also be used by PAK'nSAVE for marketing research purposes. By completing this registration form, you consent to the collection and use of information in the manner set out above and the disclosure of such information to Christmas Club's agents and for the purposes of operating Christmas Club.

Yes, I wish to be contacted with promotional material

What is your preferred method for us to contact you with promotional information:

txt message email post

**On completion, please post to: PAK'nSAVE FREEPOST 221509
PO BOX 300 887 North Shore City 0752**