



Credit Check Request and Direct Debit Form  
for QV.co.nz subscription

**Name/ Company Name**

(as submitted on registration)

\_\_\_\_\_

**Required Information for Credit Check:**

Surname

\_\_\_\_\_

First Name

\_\_\_\_\_

Second Name

\_\_\_\_\_

Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Sex

M

F

Home Phone No

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Current Address

Street

\_\_\_\_\_

Suburb

\_\_\_\_\_

City

\_\_\_\_\_

If you have lived less than 3 years at your current address please give previous address(es)

Previous Address 1

Street

\_\_\_\_\_

Suburb

\_\_\_\_\_

City

\_\_\_\_\_

Previous Address 2

Street

\_\_\_\_\_

Suburb

\_\_\_\_\_

City

\_\_\_\_\_

**Privacy Act 1993 Clause:**

You understand that CoreLogic NZ Ltd is collecting information about you and any subsequent dealings that we may have with you for the purpose of credit approval, establishing credit limits, administering your relationship with CoreLogic NZ, credit analysis and supplying credit references.

You understand that this may require information to be provided to CoreLogic NZ employees or contractors for debt collection or credit reporting purposes and in the event that CoreLogic NZ assigns any of its rights to any other party to the party receiving those rights.

Signature

\_\_\_\_\_

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return Credit Check Request and Direct Debit Form by fax, email or mail to:**

**CoreLogic NZ  
P O Box 4072  
Wellington  
Fax : (04) 915 6030  
info@corelogic.co.nz**

## Direct Debit Form

NAME OF ACCOUNT:

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

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

<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Bank Branch Number</p>									<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Account Number</p>											<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table> <p>Suffix</p>			

Authorisation Code

0	3	0	7	6	8	1
---	---	---	---	---	---	---

(User Number)

TO: The Manager (Please Print Full Postal Address clearly for Window Envelope)

BANK BRANCH	
ADDRESS (P O BOX )	
TOWN / CITY	

DATE \_\_\_\_\_

I/We authorise you, until further notice in writing to debit my/our account with you all amounts which **CoreLogic NZ 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.

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

Payer Particulars	Payer Code	Payer Reference (Debtor ID)																														
<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										

NAME OF ACCOUNT - CUSTOMER TO COMPLETE

\_\_\_\_\_

\_\_\_\_\_

AUTHORISED SIGNATURE(S)

<p style="text-align: center;">APPROVED</p>  <p style="text-align: center;">0218 071995</p>	<p>FOR BANK USE ONLY:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Date Received</td> <td style="width: 33%;">Recorded By</td> <td style="width: 33%;">Checked By</td> </tr> </table> <p>Original Copy      Retain at Branch Forward to initiator if requested</p>	Date Received	Recorded By	Checked By	<p style="text-align: center;">BANK STAMP</p>
Date Received	Recorded By	Checked By			

## CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

### 1. The initiator

- (a) Has agreed to give written advance notice to the Acceptor 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 two calendar months) the date when the Direct Debit will be initiated. This advance notice will include the following message:

"Unless advice to the contrary is received from you by (date) the amount of (dollars) will be directly 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.

### 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 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. Any other dispute lies 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.

### 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 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.