**Authorisation Code: 3150035** 



## Authority to Accept Direct Debits (Not to operate as an assignment or an agreement.)

Account Details	Name of account to be debited	I
	Account details	
	Bank Branch number Acco	ount number Suffix
Payer Details To the Manager	Name of Bank	
-	Branch	
	Address (please print full postal address clearly)	
	,	
Authorisation	I/We authorise you until further amounts which	notice in writing to debit my/our account with you with all
	Hilti (New Zealand) Limited	(hereinafter referred to as the initiator)
		bove Authorisation Code, may initiate by Direct Debit. that the Bank accepts this authority only upon the conditions listed on
nformation to appear in my/our bank statement:		
Payer Particulars	Payer Code	Payer Reference
	Name of Account	
nsert Signature/s	Authorised Signature(s)	
	APPROVED	FOR BANK USE ONLY
	5003	Date Recorded Checked received: by: BANK STAMP
	08 2010	Original – Retain at Branch Copy – Forward to Initiator if requested