Please return this form to:
Customer Services
J. Ballantyne & Co. Ltd
PO Box 4648
Christchurch
New Zealand

Credit Card Direct Debit Authority Form
You must fill in all details then bring the form in to any branch to have your signature verified.

Cardholders Name (as it appears on the card):

Ballantynes Account Number

Instructions for debiting my account: (Please tick the appropriate option)

☐ Account Balance on Due Date ☐ Minimum Payment on Due Date

NAME: (Of Ballantynes Account if Different from above)

Home Address:

Home Phone:

TYPE OF CREDIT CARD (Please Tick):

VISA: ☐ MASTERCARD: ☐ AMEX: ☐ DINERS: ☐ JCB: ☐

CREDIT CARD NUMBER FROM WHICH PAYMENTS TO BE MADE:

EXPIRY DATE OF CREDIT CARD ABOVE:

MONTH: | | | YEAR: | 2 | 0 | | |

I authorise you until further notice, to debit my credit card with all amounts which
J BALLANTYNE & CO LIMITED
(hereinafter referred to as the Initiator)
may initiate by Direct Debit.

CARDHOLDERS SIGNATURE(S)

_____

DATE: / /

CONDITIONS OF THIS AUTHORITY

- The Initiator agrees to give written advance notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. The notice will include the following message:
  "As per your Direct Debit Authority we will be direct debiting the amount of $..... from your credit card on (initiating date)".
- The Initiator agrees not to disclose the above Credit Card information to any other party or use it for any other purpose without the Customer's consent.
- The Customer must advise the initiator in writing within 5 working days before the due date of any changes to the Credit Card details above including expiry date changes.
- The Customer may terminate this authority at any time by giving written notice to the Initiator at least 5 working days before any due date. If the Customer terminates the authority and still owes the Initiator for any balance, they will make other arrangements to make payment before the Statement Due Date.