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**Discovery Direct Debit Automatic Payment Authority (NZD)**

**Member/Customer Details (please print)**

Name person 1:			
Name person 2:			
Mailing Address:			
City, State & Postcode:		Country:	
Daytime Phone(s):		Mobile Phone(s):	
Email:			
Owner Number:		Contract Number:	

**Payment Frequency: Monthly**

Start Date: To commence on first instalment date OR \_\_\_/\_\_\_/\_\_\_  
 (Refer to the 'Payment Date of First Instalment' located in part 2, section B of your Discovery by Wyndham Membership Application)

Monthly Payments – Payments are due monthly (or next business day if applicable).

**Payment Method: (Please select only ONE payment method – either A or B – complete and sign below)**

**Option A: Direct Debit Authority: Savings/Cheque Accounts (New Zealand Dollars Only)**

Name of my account to be debited (acceptor)			
<input type="text"/>			
Name of my bank:			
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account	Suffix

Initiator's Authorisation Code						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	0	0	0	6	2	2

Approved	
<input type="text"/>	<input type="text"/>
0052	08/19

From the acceptor to [insert name of acceptor's bank] (my bank):

I authorise you to debit my account with the amounts of direct debits from **WYNDHAM DESTINATIONS NZ Limited** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Authorised signature/s:	Date:
<input type="text"/>	<input type="text"/>

**Specific conditions relating to notices and disputes**

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the variation to the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date no less than 10 calendar days before the date of the first direct debit. The notice is to include:

- the dates of the debits, and
- the amount of the direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
- if the initiator's bank agrees, no less than 10 calendar days before the change.

**Option B: Credit Card (New Zealand Dollars Only)**

<b>Cardholders Name:</b>															
<b>Card Number:</b>														<b>Expiry Date:</b>	___/___/___
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex															
I/we authorise you until further notice in writing to debit my/our Credit Card with you all amounts which WYNDHAM DESTINATIONS NZ Limited (hereinafter referred to as the Initiator), may initiate by Direct Debit.															
<b>Your Signature(s):</b>											<b>Date:</b>	___/___/___			
(If signing for a company, sign and print full name and capacity for signing e.g. Director)															

**Important Information**

**1. Repayments** – Debits are to be made periodically in accordance with the terms of the Payment Schedule entered into with the Initiator as applicable.

Monthly Payments – Payments are due monthly (or next business day if applicable). / Monthly Payments – Payments will start the following Friday after receipt of this form.

**Note: Arrears** – If applicable, will be processed upon receipt unless otherwise requested. Date requested: \_\_\_/\_\_\_/\_\_\_