FARMAX
YOUR ADVANTAGE

Phone 0800 327 629

Name of my bank account to be debited (acceptor)

Name of my bank:

My bank account number:

Bank	Branch	Account	Suffix

Initiator's authorisation code

0	3	3	5	0	8	3

Approved

3508 **06/17**

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debits from ***FARMAX Ltd*** 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

Specific conditions relating to notices and disputes

1. 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 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.
2. The initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.
3. If the bank dishonours a direct debit but the initiator sends the direct debit again once 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.