

How to pay your insurance premium

You can pay your insurance premium in a number of ways.

Please select one of the following options:

- **Credit/Debit card**

Please contact us on 0800 505 905 and we can arrange payment of your annual premium over the phone.

- **Online banking**

You can pay your annual premium online.

Our bank account number is: 06-0101-0488308-00

Please use your policy or customer number in the reference field so we can identify your payment.

- **Cheque**

You can post a cheque for your annual premium to our Freepost address:

Vero Insurance, Freepost 914, PO Box 3997, Auckland 1140

- **Instalment**

You can set up your payments to come direct from your bank account or credit/debit/charge card. You can choose to pay fortnightly, monthly, quarterly, six monthly or yearly.

Please contact us on 0800 505 905 and we can arrange this over the phone.

If paying by bank account you can complete this form and return to our Freepost address.

If you would like further information about these payment options or your premium please contact us on 0800 505 905.

If you choose to pay by instalments there is a service fee which varies by the payment frequency and the premium per policy. A schedule of these fees is below:

		Service fee by payment frequency				
		Annual premium	Fortnightly	Monthly	Quarterly	Six Monthly
Premium per policy at the time of instalment	\$2,000 and under	10%	10%	7%	5%	0%
	Greater than \$2,000 and up to \$20,000	7%	7%	5%	3.5%	0%
	Greater than \$20,000	5%	5%	3.5%	2.5%	0%

If you have any questions about your insurance payments or would like to change how you pay, please call us on **0800 505 905**.

Direct Debit Authorisation Form



consumer insurance specialists

Please complete your details below and return this form to:
Vero Insurance, Freepost 914, PO Box 3997, Auckland 1140

Your details

Name _____ Policy Number(s) _____

Address _____
(please print full postal address clearly)

Contact Phone Number _____ Email _____

Instalment frequency

Fortnightly Monthly Quarterly Six Monthly Yearly

If Fortnightly, which day: Monday Tuesday Wednesday Thursday Friday Commencement Date ____ / ____ / ____

Any other frequency: Date of Month _____ i.e. 15th

Below, all references to the Acceptor are references to you. All references to the Initiator are references to Vero Insurance New Zealand Limited (Vero).

Direct Debit Authority

Name of my account to be debited (Acceptor) _____

Vero (Initiator) authorisation code

0	6	4	6	4	3	1
---	---	---	---	---	---	---

Name of my bank _____

For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account	Suffix								

Approved

4643

12/15

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 Vero with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- my 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

The Initiator - Vero Insurance New Zealand Limited may only send a direct debit if the Acceptor - I, have:

- asked Vero to send it; and
- agreed to the amount of the direct debit.

Vero is required to give written notice of the amount and date of each direct debit no later than the date of the debit.

Vero is required to give a written notice of the amount and date of each direct debit in a series of direct debits no later than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- the dates of the debits; and
- the amount of each direct debit.

If Vero proposes a change to an amount and/or date of a direct debit specified in the notice Vero is required to give me notice no later than 10 calendar days before the change.

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 Vero; 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.

If the bank dishonours a direct debit, Vero may attempt to retake the amount from my bank account within five business days without further notice.