

**ZURICH**[®]

Direct Credit Request

This form is used to establish a new direct credit request or to change the details of an existing direct credit request for the purposes of financial transactions completed by Zurich Australian Insurance Limited (incorporated in Australia), trading as Zurich New Zealand.

I/We request you to arrange for funds to be credited to the bank account shown below in accordance with my/our instructions.

Claim number (if applicable)

1 Bank details

Name of Financial Institution

Address of Financial Institution

Bank account name

BSB number

Account number

Contact Email address (Any payment processed to the nominated account will be confirmed by email to the address specified below)

2 Conditions of EFT

Zurich Australian Insurance Limited (incorporated in New Zealand), trading as Zurich New Zealand hereinafter described as Zurich, EFT conditions:

1. It is your responsibility to ensure that the above details are correct. Zurich is under no obligation to verify financial institution details.
2. Changes to any of the above details must be notified to Zurich in writing as soon as possible.
3. Payment is deemed to have occurred when Zurich has instructed its bank to credit the nominated account. Zurich is not responsible for any delays or errors in payments outside the reasonable control of Zurich.
4. Zurich reserves the right to terminate or suspend the EFT payment system at any time and without prior notice and replace payment by cheque or other method of payment that Zurich may determine.
5. You agree to repay Zurich on demand any payments credited to you in error. If you are aware of an error in your favour, notification to Zurich is to be made within 48 hours.
6. Zurich reserves the right to offset the amount of any overpayments made in error against future debts or liabilities owing by Zurich to you.
7. Zurich does not confirm indemnity or admit liability by the issuance of this form.

3 Declaration details

I, (Please print name)

Of (Please print address)

On behalf of (Please enter Business Name – if applicable)

Position

agree to the above conditions and give permission for Zurich Australian Insurance Limited (incorporated in New Zealand), trading as Zurich New Zealand to direct credit payments to the nominated account from this date forward.

I acknowledge that in most cases I can access the information collected about me by contacting Zurich at the addresses set out below or by calling Toll free: 0508 ZURICH (0508 987 424) and that Zurich may disclose the information to its financial services providers. If I do not provide the requested information, Zurich may not be able to credit my account.

Signature)

X

Date

/ /

Privacy statement and consent

Zurich is bound by the *Privacy Act 2020* and the *Information Privacy Principles*. We collect, disclose and handle information about you ('your details') to make or collect payments and manage electronic funds transfers ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes in New Zealand and overseas.

We may disclose your details, including your sensitive information, to relevant third parties including our banking gateway providers and credit card transaction processors, your intermediary, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within New Zealand and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information may include financial services, crime prevention and trade sanctions laws.

Zurich's Privacy Policy, available at www.zurich.co.nz or by telephoning us on **0508 987 424**, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Please return completed form to:

Zurich New Zealand

PO Box 497, Shortland Street

Auckland 1140, New Zealand

or by email to: nz.claims@zurich.co.nz