

Direct Debit Amendment/Cancellation



If you would like help in completing this form, please email enquiries@fisherfunds.co.nz or phone us on **0508 FISHER (0508 347 437)**.

Post your completed form to **Fisher Funds, C/- Trustees Executors, PO Box 409, Wellington 6140** or email to enquiries@fisherfunds.co.nz.

Who should complete this form?

Please use this form to change or cancel an existing direct debit into your Fisher Funds account. Please note if you wish to amend or cancel multiple direct debits, one form is required for each instruction.

Section 1: Account Details

Account Name/s

Address

City

Country

Postcode

Home Phone

 ()

Work Phone

 ()

Mobile

 ()

Email Address

Fisher Funds Account Number

Please select which product direct debit to amend or cancel

- Fisher Funds KiwiSaver
- Fisher Funds TWO KiwiSaver
- Premium Service
- Managed Funds
- Investment Series
- LifeSaver Plan
- FuturePlan

Section 2: Direct Debit Amendment

Change Bank Account

Change the bank account for my/our direct debit

Name of Bank Account

Account Number

Bank

Branch

Account Number

Suffix

Name of Bank and Branch Address

Information to appear on bank statement (to be completed by you):

Payer particulars

Payer code

Payer reference

Change Amount

Please enter the amount you wish to change to

Change Frequency

Change the frequency of my/our current direct debit

Start Date*

Frequency

Weekly

Fortnightly

Monthly

Quarterly

Annually

*Please note this is the date your withdrawal will be priced, it will then be paid 3-5 working days after this date.

Section 3: Direct Debit Cancellation

Cancel my/our current direct debit

Section 4: Signatures of all Account Holders

Please allow 5 business days from now to start date.

Signature

Date

Signature

Date

Signature

Date