

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)**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** 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

Business 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. Please provide proof of your bank account (bank statement, internet banking screenshot or over the counter receipt with a teller's stamp). The proof of bank account must contain the account name, number and the logo of your bank.

Name of bank account

Account number

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

Name of bank and branch address

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

Payer particulars

 F I S H E R F U N D S

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

 / /