

NZPFU

INCOME PROTECTION INSURANCE AUTHORITY AND DECLARATION

To be used for declarations completed on or after 1 August 2023

If you wish to be covered by the NZPFU income protection insurance administered by PROTECT, please sign this authorisation and declaration form so as to facilitate the payment and reimbursement of the premium efficiently and instantaneously:

1. I have authorised my bank to direct debit to the NZPFU the weekly premium of \$50.00 which is to be remitted on my behalf for income protection insurance with Protect.
2. I authorise Protect to send to the NZ Professional Firefighters Union and/or Fire Emergency New Zealand a breakdown of my income protection insurance premiums paid for the purpose of reimbursement consistent with the Fire and Emergency New Zealand and New Zealand Professional Firefighters' Union Collective Agreement for Uniformed and Communications Centre Employees 1 July 2021 to 30 June 2024 ("the Collective Agreement").
3. I understand the income protection insurance administered by PROTECT, will come into effect as at the date that this duly signed and dated authority and declaration is received by the NZ Professional Firefighters' Union and the first direct debit payment has been remitted to the NZPFU.
4. I understand that if I am covered by the Collective Agreement the amount is not deductible in my personal income tax return and nor will that amount be reported as income on my annual payment summary as it will be reimbursed by FENZ. I understand that if I am not covered by the Collective Agreement I may be entitled to deduct the payment in my personal income tax return. We suggest each member seek taxation advice relating to their own individual circumstances.

First name	_____	Surname	_____
Date of Birth	_____	FENZ ID	_____
Mobile	_____	Email	_____
Address	_____		
Town/City	_____	Postcode	_____
Signed	_____	Date	_____

**On completion of this form please post, or scan and email, and send to the to the NZPFU Office:
email: wellington@nzpfu.org.nz | mail: PO Box 38213, Wellington Mail Centre, Lower Hutt 5045**

The NZPFU will ensure Protect receive a copy.



New Zealand Professional Firefighters Union

Direct Debit Authority

Name of my account to be debited (acceptor) <input type="text"/>				Initiator's Authorisation Code <input type="text" value="0128241"/>	
Name of my bank: <input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Approved	
Bank	Branch	Account	Suffix	2824	07/23

From the acceptor to _____ **(my bank):**

I authorise you to debit my account with the amounts of direct debits from **NZ Professional Firefighters Union** 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: ____/____/____
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Specific conditions relating to notices and disputes

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.

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.

If the bank dishonours a direct debit but the initiator sends the direct debit again 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.