

Switch Utilities Welcome Pack



Welcome to Aitken St Apartments

- 5 Aitken Street, Thorndon, Wellington

Please find all you need to set up your
Electricity account

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Authority for Direct Debit Payments | Setting up a direct debit

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What you need to do next

If you've chosen to take the hassle out of payments and pay by Direct Debit, you'll need to complete the Direct Debit form attached and return it to us as soon as possible by either:

Email: info@switchutilities.co.nz

Fax: 09 489 2072

Post: Switch Utilities, PO Box 33 1470, Takapuna, Auckland

Sit back and relax, we're taking care of everything else!

Medical Dependency

Switch Utilities cannot guarantee the supply of electricity. If there is someone at the premises that is medically dependent on electricity, please consult your medical practitioner as you may need to arrange a back-up power supply. If you haven't already, you'll also need to let us know immediately of any such condition.

How you can contact us

We're open **8:30am to 5:00pm Monday to Friday**

You can call us on **0800 SWITCH (0800 794 824)**.

PLEASE NOTE: you can report a fault 24 hours a day by calling this number.

You can email us at info@switchutilities.co.nz



APARTMENT NUMBER

BUILDING NAME

Aitken St Apts, 5 Aitken Street, Wellington

NAME OF ACCOUNT (as it appears on your bank statement)

BANK ACCOUNT DETAILS

Bank

Store/Branch

Account Number

Suffix

To the Manager

Bank

Store/Branch

Address (please provide full postal address)

Authority to accept direct debits (Not to operate as an assignment or agreement)

Authorisation Code

1

2

2

1

0

6

9

I/We authorise you until further notice in writing to debit my/our account with you all amounts which

Switch Utilities LTD

(hereinafter referred to as the Initiator)

The registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form. Information to appear in my/our bank statement.

PAYER PARTICULARS

S

W

I

T

C

H

PAYER CODE

U

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S

PAYER REFERENCE

S

U

L

Authorised Signature 1

Authorised Signature 2

Date

DD

MM

YYYY

Please see overleaf for conditions of this authority to accept direct debits

Approved

2106

03

16

FOR BANK USE ONLY

Date Received:

DD

MM

YY

Recorded By:

Checked by:

BANK STAMP

Conditions of this authority to accept direct debits

1. The Initiator:

1.1 Will provide notice either:

1.1.1. in writing; or

1.1.2. by electronic mail where the Customer has provided prior written consent to the Initiator.

1.2 Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated.

1.2.1 The advance notice will include the following message:

"Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date*)."

*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

1.3 May, upon the relationship which gave rise to this Instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Instruction. Upon receipt of such notice the Bank may terminate this Instruction as to future payments by notice in writing to me/us.

2. The Customer may:

2.1 At any time, terminate this Instruction as to future payments by giving written (or by the means previously agreed in writing) notice of termination to the Bank and to the Initiator.

2.2 Stop payment of any Direct Debit to be initiated under this Instruction by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

2.3 Request the Bank to reverse any Direct Debits initiated by the Initiator under the Instructions by debiting the amount of the Direct Debits back to the Initiator through the Initiator's Bank where the Initiator cannot produce a copy of the Instructions and/or Confirmation to me/us that I/we are reasonably satisfied demonstrate that I/we have authorised my/our bank to accept Direct Debits from the Initiator against my/our account PROVIDED the request is made not more than 9 months from the date when the first Direct Debit was debited to my/our account by the Initiator under the Instructions.

3. The Customer acknowledges that:

3.1 This Instruction will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Instruction until actual notice of such event is received by the Bank.

3.2 In any event this Instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

3.3 Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Instruction. Any other disputes lies between me/us and the Initiator.

3.4 Where the Bank has used reasonable care and skill in acting in accordance with this Instruction, the Bank accepts no responsibility or liability in respect of:

3.4.1. the accuracy of information about Direct Debits on Bank statements; and

3.4.2. any variations between notices given by the Initiator and the amounts of Direct Debits.

3.5 The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with clause 1.1, nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

4.1 In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Instruction, cheque or draft properly signed by me/us and given to or drawn on the Bank.

4.2 At any time terminate this Instruction as to future payments by notice in writing to me/us.

4.3 Charge its current fees for this service in force from time to time.

Moving In Form | Setting Up Your Account – Aitken St Apartments

Please complete the form below when moving into the premises and return to info@switchutilities.co.nz

APT NO.

ICP NO.

BUILDING NAME/STREET ADDRESS

Aitken St Apartments – 5 Aitken Street, Wellington

MOVE IN DATE

DD

MM

YY

PRIMARY ACCOUNT HOLDER

Name

Title

First

Last

Date of Birth

DD

MM

YYYY

Landline

Mobile

Email

SECONDARY ACCOUNT HOLDER

Name

Title

First

Last

Date of Birth

DD

MM

YYYY

Landline

Mobile

Email

BILLING INFORMATION

Invoice Method

Email

Post

(Please Tick)

Email for billing

Postal Address Line 1

Postal Address Line 2

Post Code

Payment Method

Direct Credit

Direct Debit

Credit Card

Cheque

(Please Tick)

MEDICAL DEPENDENT AND VULNERABLE CUSTOMERS

Please Tick One

Q: For reasons of age, health or disability, would disconnection of electricity present a clear threat to the health or wellbeing of you or someone living in this property?

YES

NO

Q: Is it genuinely difficult for you or someone in your property to pay your electricity bills because of severe financial instability, whether temporary or permanent?

YES

NO

PLEASE NOTE that we cannot guarantee a continuous supply of electricity, and that you need to talk to your GP or medical practitioner about a back-up power supply- for example you might have batteries or an alternative power supply.
***If yes to any of the above three questions, please provide details below:

AUTHORITY

By signing below, you are confirming that you are the new resident of the apartment as stated above and that you agree to our Standard Terms and Conditions for Energy Supply which can be found at www.switch.co.nz/termsandconditions and that the details you have provided above are accurate to the best of your knowledge and that you will be responsible for the payment of any electricity consumed as metered to your apartment.

Print Name

PRINT NAME

Date

DD

MM

YY

Sign

SIGN HERE

APARTMENT NUMBER

BUILDING NAME

Aitken St Apts, 5 Aitken Street, Wellington

Please complete the form below when moving out of the premises and return to info@switchutilities.co.nz

Attention: **Customer Services**

Fax: **09 489 5291**

Subject: **Notification of Vacating Premises**

Email: **info@switchutilities.co.nz**

Account Name

Name

Date of Birth

DD

MM

YYYY

Home Phone

Mob

Work

Email

Supply Address

MOVE OUT DATE Please enter the date you will be vacating the premises below

DD

MM

YYYY

METER READING Please enter your final meter read below – must be taken on the 'MOVE OUT DATE'

AUTHORITY

By signing below, you are confirming that you have authority over this account and you're vacating the premises on the date stated above

Name

PRINT NAME

Date

DD

MM

YYYY

Signed

PLEASE SIGN HERE

PLEASE CONTACT ME ABOUT SUPPLYING POWER TO MY NEW HOME

What's your new address?

When do you move in?

DD

MM

YYYY

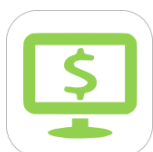
What will be your best contact number?

Payment Options



DIRECT DEBIT

If you've chosen to take the hassle out of payments and have already sent us a completed Direct Debit form, we'll simply send you your invoice each month and take payment from your nominated account when it's due. This is not only convenient; it also ensures you'll never miss out on our Prompt Payment Discount.



INTERNET BANKING (DIRECT CREDIT)

If you would like to pay by Internet Banking our details are as follows:

Direct Credit – Make payments in full to ASB 12-3107-0011790-00

Particulars – 'Name' or 'Address'

Code – 'Phone Number'

Reference – 'SUL or Account No.'



CHEQUE

You can send us a cheque. Simply detach the payment slip located at the bottom of the front page the invoice and post it back to us. The return address is also on the payment slip.



CREDIT CARD

We accept payments from Master Card or Visa. A 4% fee will be applied



OVER THE COUNTER

You can make payment over the counter at ASB Bank:

Account Number 12-3107-0011790-00

Reference 'SUL or Account No.'



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utilities ltd

www.switchutilities.co.nz