

Direct Debit Amendment or Cancellation Form

About this form

This form is to change or cancel an existing direct debit into your Pie KiwiSaver Scheme account. Please note if you wish to amend or cancel multiple direct debits, one form is required for each instruction. For help completing this form, phone **0800 586 657**. Once complete, print out and sign. Please email an electronic copy of the completed signed form to kiwisaver@piefunds.co.nz.

Investor details

Title	First name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pie KiwiSaver Scheme account number <i>(if known)</i>		Phone number
<input type="text"/>		<input type="text"/>

Direct debit amendment

1. Bank account amendment

Account name	Name of bank	
<input type="text"/>	<input type="text"/>	
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"/>	
Physical address	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Dollar amount amendment

New amount that is debited from my/our account. \$

3. Frequency amendment

Start Date Weekly Fortnightly Monthly Quarterly Annually

Note: Please note this is the date your withdrawal will be priced, it will be paid 2-5 working days after this date

Direct debit cancellation

Cancel my/our current Pie KiwiSaver Scheme direct debit Yes

Declaration

Please allow 5 business days from the date application was received to the start date.

Signature 1	Date
<input type="text"/>	<input type="text"/>
Signature 2 (if applicable)	Date
<input type="text"/>	<input type="text"/>