



# ELECTRONIC BANKING FORM

*(To be returned to REAL Landlord Insurance NZ Ltd)*

**Request for electronic deposit of management fee payments and policy refunds into our company account/s detailed below:**

**Postal Address**

PO Box 1167  
Whangarei NZ 0140

Phone (09) 438 0650  
Fax (09) 438 0651  
office@rlinz.co.nz

Company Name:.....

A Member of:.....

Bank Account Name:.....

Name of Bank:.....

Name of Bank Branch:.....

Rental (Trust)A/c Number\*:.....

General (Business) A/c Number\*:.....

\* Please specify which account you wish to have the referral fees paid in to by circling one:

Trust Account - Business Account

Authorised Signature:.....

Printed Name:.....

Date:.....

*REAL Landlord Insurance NZ Ltd welcomes **your deposit** of insurance premium payments direct into **our trust account** through Desktop Banking:*

*Westpac Banking Corporation*

*Account Number: 03 0104 0704571 02*

*Account Name: Real Landlord Insurance NZ Ltd*

*Reference Details: .....*

*Company Name & location*

**NOTE: Please Ensure you fax or email your remittance payment details on the same day as your deposit.**

**Fax to: 09 438 0651**

**email to: office@rlinz.co.nz**