Easy pay form

Pay your rates the easy way. Simply complete this form and return it to us. Payments from your chosen bank account will automatically be made on time, which means no dates to remember.

USE YOUR RATES INSTALMENT NOTICE TO HELP YOU FILL OUT 1+2.



BANK STAMP

	PROPERTY NUMBERS: (Please use the property number reference from your tax invoice) 5												PAYMENT OPTIONS: (Please tick)																	
	(Please tick) □ Rates □ Water														Week	,] Mc		•										
2	LOCATION OF PROPERTY:														Ш	Fortni	ghtly	L	」Ins	stalı	ment	every:	y 4 m 6 mc	onti	ns for R s for W	ates, ater.)				
																		0	Please advise start date for first payment.											
l	(If more than one property is being paid for please attach additional addresses)														Start date:															
3	MAILING ADDRESS: (If different from above)													of t	Please note: Following receipt by Waikato District Council of this form, the Council will advise you of your direct debit amounts and due dates — that is why there is no amount on this form.															
4	RATEPAYER NAME: 6												INVOICE OPTION: (Please tick)																	
Ī	H	Home phone: () Mobile:													You	You may choose to receive only your first quarterly invoice of each year:														
Н	E	Emai	l:																☐ Receive Instalment 1 invoice only											
7	BANK ACCOUNT NAME: (of bank account eg MD Brown)															AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)														
8	BANK ACCOUNT FROM WHICH PAYMENTS ARE TO BE MADE:																L													
											AUTHORISATION CO							DE:												
		Bank		Bra					ccount			·	•		Suff								0	2	0	4		3 3	2	
9	(Please attach confirmation eg a bank statement to ensure your account number is loaded BANK:													I/W	√e autho															
Ī	BRANCH:													amounts which WAIKATO DISTRICT COUNCIL, (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																
	INFORMATION TO APPEAR ON RATEPAYER'S BANK STATEMENT													upo	on the co	onditior	s list	ed on	the	revers	e of th	nis for	m.	riis aut	nority on	ııy				
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10	١	YOU	JR S	IGN	ATU	RE((S):															DATE	E:			/		/		

For bank use only

Date received:

Original - Retain at Branch

Recorded by:

Checked by:

APPROVED 0433

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Conditions of this authority

I. The Initiator:

- a. Has agreed to give written advance notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than two calendar months) the date on which the direct debit will be initiated. The advance notice will include the following message:
 - "Unless advice to the contrary is received from you by (*date), the amount of \$..... will be direct debited from your bank account on (initiating date)."
 - *This date will be at least five days prior to the due date to allow for amendment of direct debits.
- b. May, upon the relationship which gave rise to this authority being terminated, give notice to the bank that no further direct debits are to be initiated under the authority. Upon receipt of such notice the bank may terminate this authority as to future payments by notice in writing to me/us.

2. The Customer may:

- At any time, terminate this authority as to future payments by giving written notice of termination to the bank and to the Initiator.
- b. Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the bank prior to the direct debit being paid by the bank.

3. The Customer acknowledges that:

a. This authority will remain in full force and effect in respect of all direct debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the bank.

- In any event this authority is subject to any arrangement now or hereafter existing between me/us and the bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited from 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 authority. Any other disputes lie between me/us and the Initiator.
- d. Where the bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:
 - The accuracy of information about direct debits on bank statements.
 - Any variations between notices given by the initiator and the amounts of direct debits.
- e. The bank is not responsible for, or under any liability, in respect of the Initiator's failure to give written advance notice correctly, 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:

- a. At its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the bank.
- b. At any time terminate this authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time to time.
- d. Charge a fee if payment is dishonoured for any reason.



0800 492 452

- www.waikatodistrict.govt.nz
- www.facebook.com/WaikatoDistrictCouncil