



Western Bay of Plenty District Council

# Western Bay of Plenty District Council RATES

## AUTHORITY FOR AUTOMATIC PAYMENT

(Not to Operate as an Assignment or an Agreement)

Western Bay of Plenty District Council  
Private Bag 12803  
Tauranga  
New Zealand  
Telephone 07 571 8008  
Facsimile 07 577 9820

PLEASE COMPLETE ALL SHADED AREAS

### PAYER DETAILS - TO THE MANAGER

Name of Bank	Important - Please Tick <input type="checkbox"/> This is a new authority OR <input type="checkbox"/> As from .../.../... (first payment date), this authority replaces existing authorities for \$..... in favour of the same payee
Branch	
Address	
Name of Account	

### ACCOUNT DETAILS

On Behalf Of  Name if Other Than Payer

Bank  Branch Number  Account Number  Suffix

### PLEASE ENTER THESE DETAILS ON MY/OUR BANK STATEMENT

Surname  Type  Valuation No  Suffix

### FREQUENCY AND AMOUNT

Date of First Payment  Date of Last Payment  OR  Until Further Notice  Tick

Tick Box  Weekly  Fortnightly  Four Weekly  Monthly  Specify Other Period

Regular Amount  Amount  Amount in Words

IF THE FIRST OR LAST PAYMENT WILL BE DIFFERENT FROM THE OTHERS, PLEASE TICK THE APPROPRIATE BOX AND SHOW THE AMOUNT.

Variable First Amount  Amount  Amount in Words

Variable Last Amount  Amount  Amount in Words

### PAYEE DETAILS

For payment by cheque, tick box  and complete section on reverse (leave this section blank)

Pay to the credit of:

Name of Account

Account Details

Bank  Branch Number  Account Number  Suffix

### PLEASE ENTER THESE DETAILS ON THE PAYEE'S BANK STATEMENT:

Surname  Type  Valuation No  Suffix

### Authorisation

- Please make the automatic payment described above by debiting my/our account.
- We understand and accept that the Bank accepts this authority only on the conditions overleaf.

The name of the account I/We wish to make the payment is from: \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Please take your completed form into your Bank

Please turn over

**Please complete this section if payments are to be made by Bank Cheque:**

Cheque payable to:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please send cheque to this address:


Text to accompany payment should read:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Conditions**

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/We may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse or make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

**Alteration to Regular Amount**

Please alter the regular amount of this transfer:

As From ...../...../.....	New Regular Payment Amount: .	Amount in Words	Customer's Signature
As From ...../...../.....	New Regular Payment Amount: .	Amount in Words	Customer's Signature

**For Bank Use Only**

Date Received	Recorded By	Checked By

BANK STAMP