

**SOUTH WAIKATO DISTRICT COUNCIL  
AUTOMATIC PAYMENT AUTHORITY FORM**

BANK INSTRUCTIONS - TO THE MANAGER:

Authority for Automatic Payments. Not to operate as an assignment or an agreement.

PAYER (CUSTOMER) DETAILS

My Bank is:



This is a new authority

Branch:



Replaces an existing Authority for \$ \_\_\_\_\_

Branch Address:

Name of Account:

Account Details:	Bank	Branch No.	Account No.	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please print the following details on my bank statement:

Particulars	Code	Reference (Valuation No)
R A T E S <input type="text"/>	<input type="text"/>	<input type="text"/>

FREQUENCY AND AMOUNT

Please start my payments on (Date):	Continue until I cancel:
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Tick Box  weekly  fortnightly  monthly  other .....

Amount: \$	Amount in Words:
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PAYEE DETAILS

Pay to the credit of:

SOUTH WAIKATO DISTRICT COUNCIL  
THE BANK OF NEW ZEALAND, TOKOROA BRANCH

Name of Account	Bank	Branch No.	Account No.	Suffix
S W D C <input type="text"/>	0 2	0 4 6 4	0 1 0 3 3 8 2	0 0

Details to appear on payee's (SWDC) bank statement.

Particulars (Valuation No)	Code (Name of Payee)	Reference (Location)
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION

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

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Customers Signature	Contact Phone No.	Date	Customers Signature	Contact Phone No.	Date
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## CONDITIONS

1. The Bank will endeavour to effect such automatic payments 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 any instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the bank in relation to my/our account.
2. The Bank in its absolute discretion conclusively determine the order or priority of payment by it of any moneys 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.
3. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed over, by the Bank, or the Payee.
4. This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or such revocation is received by the Bank.
5. 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 FIXED AMOUNT

Please alter the fixed amount of this transfer

As from	Fixed Amount	Amount in Words	Customers Signature
As from	Fixed Amount	Amount in Words	Customers Signature

### FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:

**BANK  
STAMP**