	T A RATES EAS	YPAY	DIRECT DEB	IT F	ΡΑΥ	MEN	IT /	AU	ГН	OR		Y
Sout	h Waikato Distr	ict Council	Valuation Number:	0 5	4							
Private Bag 7, Tokoroa 3444		Valuation Number:	05	4							1	
Ph: 07 885-0340		Valuation Number:	05	4								
Email: rates@southwaikato.govt.nz		Valuation Number:	05	4								
			Also include any Wate									
	se arrange payment of m		(Direct Debits for an		ed Wa	ter Acc	ount	s will I	be q	uarte	erly)	
	rterly (on due date)	Annual (7 Sept)	Location(s) of Property	/(ies):								•
	kly Tuesday	Fortnightly Tuesday										2
	kly Thursday	Fortnightly Thursday										
Mon	thly (7th)	Monthly (20th)										
	(Circle frequency requ	irea)	Ratepayer Name:									
to co	ommence:	(date)	Natepayer Name.									3
.0 00		(duto)	Phone no: ()									•
			Email:									
BANK	INSTRUCTIONS											
<mark>5</mark> 1	Name:				AUT	THOR	NT	ү тс) A	CC	EF	Ъ
(Of Bank Account Holder)				(Not to c	perate a	s an a	assignm	nent o	or agr	eem	ent)
<mark>6</mark> E	Bank Account From Whic	h Payments To Be Made:			AU	тно	RIS	SATI	٥N	1 C(OC)E
						0 2	0	4 8	8 7	6		
	Bank Branch Numbe	r Account Numbe	r Suffix									
Ι.	To: The Bank Manager,											
	Bank:											
.	. .		Town/City:									
<mark>7</mark> E	Branch:											
			· · · · · · · · · · · · · · · · · · ·									
I.	/We authorise you until f	urther notice to debit my/c		mounts	whick	1						
		-	our account with you all a		whick	1						
PAR ⁻		SOUTH WAIKATO	our account with you all a		which	ı						
PAR	тв	SOUTH WAIKATO	our account with you all a DISTRICT COUNC ed to as the Initiator)	IL		1						
PAR ⁻	TB Sthe registered Initiator of	SOUTH WAIKATO (hereinafter referre the above Authorisation (our account with you all a DISTRICT COUNC ad to as the Initiator) Code, may initiate by Dire	IL ect Debi	t.							
PAR ⁻	TB the registered Initiator of /We acknowledge and ac	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept	our account with you all a DISTRICT COUNC ad to as the Initiator) Code, may initiate by Dire	IL ect Debi	t.							
PAR ⁻	TB Sthe registered Initiator of	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept	our account with you all a DISTRICT COUNC ad to as the Initiator) Code, may initiate by Dire	IL ect Debi	t.							
PAR ⁻	TB the registered Initiator of /We acknowledge and ac listed on the reverse of th	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo	IL ect Debi n the co	t. onditio	ons						
PAR ⁻ t 1 8	TB the registered Initiator of /We acknowledge and ad listed on the reverse of the Information to Appear on	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo	IL ect Debi n the co d by the	t. onditio	ons or)	E					
PAR ⁻ t 1 8	TB the registered Initiator of /We acknowledge and ac listed on the reverse of th	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo (To be completed	IL ect Debi n the co d by the	t. onditio	ons	E					
PAR ⁻ t 1 8	TB the registered Initiator of /We acknowledge and ad listed on the reverse of the Information to Appear on	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo (To be completed	IL ect Debi n the co d by the	t. onditio	ons or)	E					
PAR ⁻ t I PAYER PA	TB the registered Initiator of /We acknowledge and ad listed on the reverse of the Information to Appear on ARTICULARS	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo (To be completed	IL ect Debi n the co d by the	t. onditio	ons or)	E					
PAR ⁻ t I PAYER PA	TB the registered Initiator of /We acknowledge and ad listed on the reverse of the Information to Appear on	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo (To be completed	IL ect Debi n the co d by the	t. onditio	ons or)	E					
PAR ⁻ t 1 8 1 PAYER PA	TB the registered Initiator of /We acknowledge and ad listed on the reverse of the Information to Appear on ARTICULARS	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo (To be completed	IL ect Debi n the co d by the	t. onditio	ons or)	E					
PAR ⁻ t 1 8 1 PAYER PA	TB the registered Initiator of We acknowledge and ad listed on the reverse of the information to Appear on ARTICULARS	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept his form. My / Our Bank Statement	our account with you all a DISTRICT COUNC ed to as the Initiator) Code, may initiate by Dire ts this authority only upo (To be completed	IL ect Debi n the co d by the	t. onditio	ons or)	E					
PAR ⁻ t 1 8 1 PAYER PA	TB Sthe registered Initiator of We acknowledge and activity of the reverse of the information to Appear on ARTICULARS	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept is form. My / Our Bank Statement PAYER CODE RATES	DUSTRICT COUNC ad to as the Initiator) Code, may initiate by Directs this authority only upo (To be completed	IL ect Debi n the co d by the PAN	t. Initiate	ons or)	E					
PAR t I 8 I PAYER PA	TB Sthe registered Initiator of /We acknowledge and ad listed on the reverse of the Information to Appear on ARTICULARS Vour Signature(s):	SOUTH WAIKATO (hereinafter referre the above Authorisation (ccept that the bank accept is form. My / Our Bank Statement PAYER CODE RATES	DUSTRICT COUNC ad to as the Initiator) Code, may initiate by Directs this authority only upo (To be completed	IL ect Debi n the co d by the PAN	t. Initiate	ons or)	E					
PAR ⁻ t 1 8 1 PAYER PA 9	TB Sthe registered Initiator of /We acknowledge and ad isted on the reverse of the Information to Appear on ARTICULARS Your Signature(s): For Bank oproved Original -	SOUTH WAIKATO (hereinafter referrent the above Authorisation (ccept that the bank accept is form. My / Our Bank Statement PAYER CODE R A T E S Use Only Retain at Branch	Dur account with you all a DISTRICT COUNC ad to as the Initiator) Code, may initiate by Directs this authority only upo (To be completed) Code and the completed of the complete	IL ect Debi n the co d by the PAN	t. Initiate	ons or)						
PAR ⁻ t 1 8 1 PAYER PA 9	T B \$ the registered Initiator of //We acknowledge and active on the reverse of the information to Appear on ARTICULARS	SOUTH WAIKATO (hereinafter referrent the above Authorisation (ccept that the bank accept is form. My / Our Bank Statement PAYER CODE R A T E S Use Only Retain at Branch Recorde	Dur account with you all a DISTRICT COUNC ad to as the Initiator) Code, may initiate by Directs this authority only upo (To be completed) Code and the completed of the complete	IL ect Debi n the co d by the PAN	t. Initiate	ons or)	E 			Star		

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. 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 2 calendar months) the date 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 directly debited to your bank account on (initiating date)."

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 as to future payments by notice in writing to me/us.

2. THE CUSTOMER MAY:

- a. 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 passed to my/our account in good faith notwithstanding my/our death, bankruptcy, or other revocation of this Authority until actual notice of such events is received by the Bank.
 - b. 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 to 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. The Bank accepts no responsibility or liability for the accuracy of information about payments on Bank Statements.
 - e. The Bank is not responsible for, or under any liability in respect of:
 - any variations between notices given by the Initiator and the amounts of payments.
 - 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 with me/us and the Initiator.

4 THE BANK MAY:

- a. In 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.

ECM_144908_v10_CSO - Direct Debit Form - RatesDirect Debit