

# AUTOMATIC PAYMENTS AUTHORITY

Not to operate as an assignment or agreement

You must complete a separate form for each property you own.  
Please return your completed and signed form to:

the Rates Team  
Waikato Regional Council  
Private Bag 3038  
Waikato Mail Centre  
Hamilton 3240

Valuation No. \_\_\_\_\_

Location of property \_\_\_\_\_

Ratepayer name \_\_\_\_\_

Debtor code \_\_\_\_\_

**PAYER DETAILS To the Bank Manager**

Name of bank \_\_\_\_\_

Branch \_\_\_\_\_

Name of account \_\_\_\_\_

**IMPORTANT - PLEASE INDICATE**

- This is a new authority, or
- As from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ this authority replaces existing authorities for \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in favour of the same payee.

**ACCOUNT DETAILS**

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

Details to appear on my/our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Frequency and amount

First payment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last payment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or Until further notice

Frequency  Weekly  Fortnightly  Monthly  Quarterly

Fixed amount \$ \_\_\_\_\_ Amount in words \_\_\_\_\_

**PAYEE DETAILS**

Pay to the credit of **WAIKATO REGIONAL COUNCIL, NATIONAL BANK, HAMILTON BRANCH**

Name of account	Bank	Branch	Account No.	Suffix
Waikato Regional Council	0 6	0 3 1 7	0 0 9 6 4 4 2	0 0 0

Details to appear on payee's bank statement

Particulars (customer number)	Code (invoice number)	Reference (max 12 characters)
<input type="text"/>	<input type="text"/>	<b>A P</b> <input type="text"/>

**AUTHORISATION**

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

Name of account (customer to complete) \_\_\_\_\_

Customer's signature \_\_\_\_\_ Contact ph \_\_\_\_\_ Date \_\_\_\_\_

Customer's signature \_\_\_\_\_ Contact ph \_\_\_\_\_ Date \_\_\_\_\_

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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 to make anyone 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 above.
- 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 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.

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FOR BANK USE ONLY

Date received      /      /

Recorded by \_\_\_\_\_

Checked by \_\_\_\_\_

