

## Rates Authority For Automatic Payments

Any enquiries please call - (07) 306 0500 Please return completed form to your bank				
PAYER DETAILS	AUTHORITY FOR			
To The Manager	AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement.)			
Name of Bank	IMPORTANT PLEASE TICK			
Branch	This is a new authority  OR			
Address	As from/			
Name of Account	\$ in favour of the same payee.			
Account On behalf of: Details (Name if other than payer)				
Bank Branch Number Account Number Suffix				
Details to appear on my/our Bank statement: Particulars Code Valuation No				
W D C R A T E S				
FREQUENCY AND AMOUNT				
First Payment Date Last Payment Date	OR Until Further Notice Tick:			
Tick Box:				
Fixed Amount Amount \$	mount in Words			
Complete if applicable (tick one box only)				
Variable First Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount	mount in Words			
PAYEE DETAILS				
Pay to the credit of: ANZ BANK, WHAKATANE BRANCH				
Account Valuation Number Name	2			
RATES				
WHAKATANE DISTRICT CL         0         1         0         4         3         4         0         3         3	4 4 1 1 0 3			
Details to appear on Whakatane District Council's bank statement: AUTHORISATION				
<ol> <li>Please make this automatic payment by debiting my/our account.</li> <li>Name of account - customer to complete. Business/Personal (delete one)</li> </ol>				
Signatures:				
Date:/				



## **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 late payment or for any omission to follow any such 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 may 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 payment detailed over, by the Bank, or the Payee.
- 4. This order 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 order until notice of my/our death, 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			BANK
Date received:	Recorded by:	Checked by:	STAMP