

Any enquiries please call - (07) 306 0500
Please return completed form to your bank

PAYER DETAILS <i>To The Manager</i> Name of Bank Branch Address Name of Account	<p style="text-align: center;">AUTHORITY FOR AUTOMATIC PAYMENTS</p> <p style="text-align: center;"><i>(Not to operate as an assignment or an agreement.)</i></p> <p style="text-align: center;">IMPORTANT PLEASE TICK</p> <p><input type="checkbox"/> This is a new authority OR</p> <p><input type="checkbox"/> As from/...../..... <i>(first payment date)</i>, this authority replaces existing authorities for</p> <p>\$ _____ in favour of the same payee.</p>
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Account Details	On behalf of: <i>(Name if other than payer)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																														
Bank	Branch Number	Account Number	Suffix																													
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Details to appear on my/our Bank statement:

Particulars	Code	Valuation No																																	
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W	D	C		W	A	T	E	R																											

FREQUENCY AND AMOUNT

First Payment Date/...../.....	Last Payment Date/...../.....	OR	Until Further Notice Tick: <input type="checkbox"/>
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Tick Box: Weekly Fortnightly Four Weekly Monthly Specify Other Period

Fixed Amount	Amount \$	Amount in Words
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Complete if applicable *(tick one box only)*

Variable First Amount <input type="checkbox"/> Variable Last Amount <input type="checkbox"/>	Amount \$	Amount in Words
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PAYEE DETAILS

Pay to the credit of: ANZ BANK, WHAKATANE BRANCH

Account	Valuation Number	Name																																											
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WHAKATANE DISTRICT CL	0 1 0 4 3 4	0 3 3 4 4 1 1	0 3
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Details to appear on Whakatane District Council's bank statement:

AUTHORISATION

- Please make this automatic payment by debiting my/our account.
- Name of account - customer to complete. Business/Personal *(delete one)*

Signatures: _____

Date: _____/_____/_____

Should this agreement result in an overpayment this amount may first be used to offset any other debt I may have with Whakatane District Council.

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

Date received:	Recorded by:	Checked by:
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BANK
STAMP
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