



DIRECT DEBIT

SOUTH TARANAKI DISTRICT COUNCIL Private Bag 902, HAWERA

Telephone 06 278 0555 Freephone 0800-111-323 Fax 06 278 8757

South Taranaki District Council is offering an easier way for you to
pay your rates.

PAY BY DIRECT DEBIT

and your rates will be paid automatically from your
bank account

The benefits

- No more cheques to write and post
- No missed payments so no chance of penalties
- No more waiting in queues, or looking for stamps and envelopes
- No additional bank fees, (other than normal line fees and overdraft costs)
- Your money stays in your account until due date (if paying quarterly)
- Your direct debit is automatically adjusted each year if your annual rates change
- You can stop a payment or cancel your direct debit at any time

Your bank statement will record how much you have paid and that it was paid to the South Taranaki District Council. Your quarterly rates assessment will acknowledge receipt of your payments.

By completing the details over the page, and returning the form to any Council Service Centre, you can authorise your bank to pay your rates automatically from your bank account. Please allow **at least 10 working days** for your direct debit to be set up for your first payment.

TO FILL IN THE FORM

It's easy – just fill in the form as indicated and return it to

SOUTH TARANAKI DISTRICT COUNCIL
Private Bag 902, HAWERA

Or your local LibraryPlus

If you need help, phone

06 278 0555
0800-111-323

Please attach a deposit slip for verification of your bank account no.		Reference Number	
Part A	South Taranaki District Council RATES DIRECT PAYMENT PLAN Private Bag 902, HAWERA Phone 06 278 0555 0800-111-323		Location of Property
	Please arrange automatic payments as indicated <input type="checkbox"/> weekly on M T W T F \$ <input type="text"/> <input type="checkbox"/> fortnightly on M T W T F \$ <input type="text"/> <input type="checkbox"/> monthly on _____ of each month \$ <input type="text"/> <input type="checkbox"/> quarterly on the due date		Name of payer Phone Alternate Name Phone
NAME OF ACCOUNT		Start Date for Payments	
CUSTOMER TO COMPLETE BANK/BRANCH, ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)	
Bank Branch No Account No Suffix		Authorisation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
To the Manager (Please print full postal address clearly)		Bank Branch	
Part B	Address (PO Box)		This section gives your bank the authority to allow Council to debit your account.
	Town/City		
I/We authorise you until further notice in writing to debit my/our account of all amounts which the SOUTH TARANAKI DISTRICT COUNCIL, (hereinafter referred to as the Initiator), the registered Initiator of the above authorisation code, may initiate by direct debit. I/We acknowledge that the bank accepts this authority only upon the conditions listed on the reverse of this form.			
PAYER PARTICULARS		PAYER CODE	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		S T D C <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PAYER REFERENCE		NAME OF ACCOUNT (Customer to complete)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		_____ _____ Your Authorised Signature/s Date	
FOR BANK USE ONLY			
APPROVED 789 09/03	DATE RECEIVED <input type="text"/>	RECORDED BY <input type="text"/>	CHECKED BY <input type="text"/>
BANK STAMP <input type="text"/>			
ORIGINAL COPY: Retain at Branch/Forward to Initiator			

Instructions

Copy details from your rates assessment or bill.

Fill in the name and number of the bank account from which you wish to make payments
Fill in the start date

Fill in the name and branch of your bank and where it is located

This section gives your bank the authority to allow Council to debit your account.

Sign and date the form

Send your completed form to the Council. We will note our records and then lodge it with your bank.

LibraryPlus Eltham
High Street
ELTHAM

Hawera Administration Centre
Albion Street
HAWERA

LibraryPlus Kaponga
Egmont Street
KAPONGA

LibraryPlus Manaia
South Road
MANAIA

LibraryPlus Opunake
Tasman Street
OPUNAKE

LibraryPlus Patea
Egmont Street
PATEA

LibraryPlus Waverley
Wereroa Road
WAVERLEY

Valuation:

Please attach a deposit slip for verification of your bank account no.

Reference Number

South Taranaki District Council
RATES DIRECT PAYMENT PLAN
 Private Bag 902, HAWERA
 Phone 06 278 0555
 0800-111-323

Part
A

Location of Property

Name of payer

Phone

Alternate Name

Phone

Please arrange automatic payments as indicated

- weekly on **M T W T F** \$
- fortnightly on **M T W T F** \$
- monthly on _____ of each month \$
- quarterly on the due date

NAME OF ACCOUNT

Start Date for Payments

CUSTOMER TO COMPLETE BANK/BRANCH, ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED

AUTHORITY TO ACCEPT DIRECT DEBITS
 (Not to operate as an assignment or agreement)

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

Authorisation Code

0	3	0	7	8	9	2
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To the Manager
 (Please print full postal address clearly)

Bank Branch

Address (PO Box)

Town/City

Part
B

I/We authorise you until further notice in writing to debit my/our account of all amounts which the SOUTH TARANAKI DISTRICT COUNCIL (hereinafter referred to as the Initiator), the registered Initiator of the above authorisation code, may initiate by direct debit. I/We acknowledge that the bank accepts this authority only upon the conditions listed on the reverse of this form.

PAYER PARTICULARS

PAYER CODE

PAYER REFERENCE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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S	T	D	C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME OF ACCOUNT (Customer to complete)

Your Authorised Signature/s

Date

FOR BANK USE ONLY

APPROVED

789
 09/03

DATE
 RECEIVED

RECORDED BY

CHECKED BY

BANK
 STAMP

ORIGINAL COPY: Retain at Branch/Forward to Initiator

CONDITIONS OF THE AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount **at least 10 calendar days before** the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided either:
- in writing; or
 - by electronic mail where the Customer has provided prior written consent to the Initiator.

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts. The initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debits, the initiator has agreed to give advance notice of **at least 15 days before** changes come into effect. This notice must be provided either:

- in writing; or
- by electronic mail where the Customer has provided prior written consent to the Initiator.

Or

- (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting **at least 10 calendar days before** (but not more than 2 calendar months) the date when the Direct Debit will be initiated. This advance notice must be provided either:
- in writing; or
 - by electronic mail where the Customer has provided prior written consent to the Initiator.

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)'

* This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

- (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. Upon receipt of such notice, the Bank may terminate this 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.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time-to-time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

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 event 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 from 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) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
- the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
- (e) The Bank is not responsible for, or under any liability in respect of 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 between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

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.