

# Mana Moni Tango Direct Debit Authority

Use this form to set up or change direct debit payments.

Sign and return to South Taranaki District Council, Private Bag 902, Hāwera 4640 | directdebit@stdc.govt.nz

## Kaitono Mōhio Whaiaro | Applicants Details

PLEASE COMPLETE ALL AREAS HIGHLIGHTED. USE YOUR RATES INSTALMENT NOTICE TO HELP YOU.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Ratepayer(s) .....                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| (The name that appears on your rates account)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| Property ID Number .....                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          | Valuation Number .....                                                                       |                                                                                                                                                                                                                                                                                                                               |
| Property Address .....                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| Is this Authority for more than one property or account? (If yes, tick the box and include details of each additional property/account) Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| Date of first payment .....                                                                                                                                                                                                                                                                                                                                                                                                                       | Payment Options <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| (Please note if the payment date falls on a weekend or public holiday, it will be processed the next business day)                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| Email Address .....                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          | <input type="checkbox"/> Tick this box to receive your rates invoices by email               |                                                                                                                                                                                                                                                                                                                               |
| Phone Home .....                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          | Work/Mobile .....                                                                            |                                                                                                                                                                                                                                                                                                                               |
| Name on Bank Account .....                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          | <input type="checkbox"/> New Authority <input type="checkbox"/> Change to existing Authority |                                                                                                                                                                                                                                                                                                                               |
| (The name that appears on your bank account)                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER AND ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="text"/>                                                                                                                                                                     | <input type="text"/>                                                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                          |
| Bank                                                                                                                                                                                                                                                                                                                                                                                                                                              | Branch Number                                                                                                                                                                            | Account Number                                                                               | Suffix                                                                                                                                                                                                                                                                                                                        |
| Please attach a deposit slip for verification of your bank account number.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| Bank .....                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          | Regular amount to be deducted<br>\$ .....                                                    |                                                                                                                                                                                                                                                                                                                               |
| Branch .....                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| Address ..... Town/city .....                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
| I/We authorise you until further notice in writing to debit my/our account with all amounts which 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 and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form and I/We agree to be bound by such conditions. |                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          |                                                                                              | AUTHORITY TO ACCEPT DIRECT DEBITS<br>(Not to operate as an assignment or agreement)<br><br>Authorisation Code<br><div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <span>0</span><span>3</span><span>0</span><span>7</span><span>8</span><span>9</span><span>2</span> </div> |
| .....<br>Authorised Signatures                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                          |                                                                                              | Date .....                                                                                                                                                                                                                                                                                                                    |

**IMPORTANT:** This authority must be signed to be processed.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR)

| 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"/> | 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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |              |             |  |  |  |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|-------------|--|--|--|------------------------------------------------------------------------------------------------------|
| Approved<br><br><div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">           789<br/>           -----<br/>           09/03         </div> | For Council use only<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Date Received:</td> <td style="width: 33%; padding: 5px;">Recorded by:</td> <td style="width: 33%; padding: 5px;">Checked by:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> <p style="text-align: center; font-size: small;">Original Copy: Retain at Branch/Forward to Initiator</p> | Date Received: | Recorded by: | Checked by: |  |  |  | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Bank Stamp |
| Date Received:                                                                                                                                                          | Recorded by:                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Checked by:    |              |             |  |  |  |                                                                                                      |
|                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |              |             |  |  |  |                                                                                                      |

## Conditions of this Authority

### 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:
  - i. in writing; or
  - ii. 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:

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

- c. 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 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 clause 1(a) above, the Customer may 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 a Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such a request is 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 made from 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. Where the Bank has used reasonable care and skill 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 all 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.