

# Application Form Direct Debit Authority



freephone: 0508 800 118 phone: 03 768 0466

email: rates@wrc.govt.nz

wrc.govt.nz  

## Applicant details

Name:	<input type="text"/>	Contact phone number:	<input type="text"/>
Property address(es):	<input type="text"/>	Assessment number(s):	<input type="text"/>
1.	<input type="text"/>		<input type="text"/>
2.	<input type="text"/>		<input type="text"/>
3.	<input type="text"/>		<input type="text"/>

## Payment agreement

Date of first payment: Thursday

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

Authorisation Code  
**0308556**  
*(User Number)*

I/We wish to make payments:

Weekly  Fortnightly  Monthly  Six monthly  Annually

I/We authorise you, until further notice in writing, to debit my/our account with you all amounts which **West Coast Regional 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.

## Applicant account details

Account holders name:	<input type="text"/>	Branch:	<input type="text"/>
Bank account number:	<input type="text"/>	Bank name:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Bank	Branch	Account Number	Suffix

## Please sign here

Authorised signature:	<input type="text"/>	Date:	<input type="text"/>	Authorised signature:	<input type="text"/>	Date:	<input type="text"/>
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### FOR OFFICE USE ONLY

<p>Notes</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="text"/>
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### FOR BANK USE ONLY

**Original** Retain at Branch  
**Copy** Forward to initiator if requested

Approval code 0855 10/12	Date received: <input type="text"/>	Recorded by: <input type="text"/>	Checked by: <input type="text"/>	Bank stamp: <input type="text"/>
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## CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

### 1. The Initiator

- a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. 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.

The notice will include the following message:

“The amount of \$..... was direct debited to your Bank account on (initiating date).”

- 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 further payments by notice in writing to the Customer.

### 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 between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms on 1(a) above, request the bank to reverse or alter such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Customer through the Initiator’s Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited from the Customer’s account.

### 3. The Customer acknowledges that:

- a) This Authority will remain in full force and effect in respect of all Direct Debits passed to the Customer’s account in good faith notwithstanding the Customer’s 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 the Customer and the Bank in relation to the Customer’s account.
- c) Any dispute as to the correctness or validity of an amount debited from the Customer’s 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 dispute lies between the Customer 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:
  - (i) the accuracy of information about Direct Debits on Bank statements
  - (ii) 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 Initiators failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by the Customer for any reason whatsoever. In any such situation the dispute lies between the Customer and the Initiator.

### 4. The Bank may:

- a) In its absolute discretion, conclusively determine the order of priority payment by it of any monies pursuant to this or any other Authority, or draft properly executed by the Customer and given to or drawn on the Bank.
- b) At any time terminate this Authority as to future payments by notice in writing to the Customer.
- c) Charge its current fees for this service in force from time-to-time.

### 5. For any assistance on establishing a direct debit, contact our office on:

**Freephone** 0508 800 118

**Email** rates@wrc.govt.nz