

*Filling out the*  
**HAMILTON CITY COUNCIL**  
**RATES DIRECT DEBIT FORM**

Please check and complete all sections numbered 1 to 7

- 1 Check the Valuation Number, Rates Number and the Property Address as shown on your Rates Invoice.
- 2 Select the frequency that you would like to make your payments.
- 3 Enter the name of the bank account (holder) for the bank account from which your payments will be made.
- 4 Enter the bank account number from which your payments will be made. Please ensure that this bank account is able to accept Direct Debits (certain types of savings accounts may not).
- 5 Enter the name and branch of your bank.
- 6 If you have chosen to make payments Weekly, Fortnightly or Monthly you may choose to receive only the first quarterly rates invoice for the new year. Otherwise you will receive all four quarterly invoices.
- 7 This form must be signed and dated by the person(s) authorised for the bank account from which payments will be made.

**Return this completed form to  
Hamilton City Council (not to your bank).**

**Bank Conditions of this Authority  
to Accept Direct Debits**

**1 The Initiator (Hamilton City Council)**

- a undertakes to give written notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months).

In the event of any subsequent change to the frequency or amount of the Direct Debit, the Initiator, when able, has agreed to give written notice at least 30 days before the change comes into effect.

- 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 the clause 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 a 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 made from 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 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 The Bank accepts no responsibility or liability in respect of:
  - The accuracy of the 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.

**4 The Bank may:**

- a In its absolute discretion conclusively determine the order of priority of payment by it of any other 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.

# RATES DIRECT DEBIT FORM

Please complete sections 1-7 and return to Hamilton City Council



# Hamilton City Council

Te kaunihera o Kirikiriroa

Private Bag 3010  
Hamilton 3240

Phone: 07 838 6688  
Email: rates@hcc.govt.nz

1

Ratepayer Name(s):

.....

Valuation Number:

.....

Rates Number:

.....

Property Address:

.....

2 I/We wish to make payment (tick one):

- Weekly - Every Thursday
- Fortnightly - Every second Thursday
- Monthly - Last business day of each month
- Quarterly - Due date of instalment

### BANK INSTRUCTIONS:

3

<b>Account Name</b> (Bank Account Holder):	<b>AUTHORITY TO ACCEPT</b> (Not to operate as an assignment or agreement)
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4 **BANK ACCOUNT NUMBER** (PLEASE ENCLOSE AN ENCODED DEPOSIT SLIP):

Bank

Branch Number

Account Number

Suffix

#### AUTHORISATION CODE

0	2	0	3	2	0	6
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To: The Bank Manager,

5

<b>Bank:</b>  <b>Branch:</b>	<b>6</b> You may choose to receive only your first quarterly invoice of each year: <input type="checkbox"/> Receive Instalment 1 invoice only
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I/We authorise you until further notice to debit my/our nominated account all amounts which HAMILTON CITY COUNCIL 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.

7 **Your Signature(s):** .....

**Date:** ...../...../.....

**Daytime Phone Number:** .....

**Email Address:** .....

I would like to receive all future Rates Invoices by email.