

RATES DIRECT DEBIT AUTHORITY

RATEPAYER DETAILS (Please print all information)

Ratepayer name(s): _____ Rates number: _____

Property address: _____

Contact phone: _____ Email: _____

Would you like to receive invoices by email? Please tick for yes

Would you like this direct debit authority to operate for multiple rates accounts? Please tick for yes

There is further space on the back of this page to list additional properties.

BANK DETAILS

Account name (bank account holder): _____	Initiator's authorisation code <table border="1"><tr><td>0</td><td>2</td><td>0</td><td>3</td><td>2</td><td>0</td><td>6</td></tr></table> Approved 0320 03 / 20	0	2	0	3	2	0	6							
0		2	0	3	2	0	6								
Bank: _____ Branch: _____															
Account number: <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> <small>Bank Branch number Account number Suffix</small>	<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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FREQUENCY (Let us know what frequency you would like)

- Weekly - Every Thursday
- Fortnightly - Every second Thursday preferred start date ____ / ____ / 20 ____
- Monthly - Last business day of each month
- Monthly - 20th of each month
- Quarterly - Due date of instalment

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from Hamilton City Council (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me. I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions stated on the back of this form.

Printed name(s) and signature(s) of persons authorised to operate bank account _____ Date: ____ / ____ / 20 ____

Specific conditions relating to notices and disputes

I, the Ratepayer/Authoriser, agree that the Initiator, Hamilton City Council, must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.

Changes to the amounts or dates of a series of direct debits require 30 days' prior notice.

I can also agree with the Initiator to receive a same-day notice for direct debits specifically requested by me.

All notices must be in writing, but can be delivered electronically, as agreed with the Initiator.

I can also ask the Initiator to reverse a direct debit up to 120 days after the direct debit if:

- I didn't receive proper notice of the amount and date of the direct debit, or
- I received notice, but the amount or date of the direct debit is different from the amount or date on the notice.

If I dishonour a direct debit but the Initiator retries it within five business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

FOR BANK USE ONLY	<table border="1"><tr><td>BANK STAMP</td></tr></table>	BANK STAMP
BANK STAMP		
Date Received: _____		
Recorded by: _____ Checked by: _____		



Please list additional rates numbers and property addresses here:

Privacy Statement

The personal information that you provide in this form will be held and protected by Hamilton City Council in accordance with our Privacy Statement (available at www.hamilton.govt.nz/privacy and at our libraries, pools and the Municipal Building, Garden Place) and with the Privacy Act 1993. The Privacy Statement explains how we can use and share your personal information in relation to any interaction you have with the Council, and how you can access and correct that information. You should familiarise yourself with this Statement before submitting this form.

CUSTOMER SERVICES

Please complete and sign this form and return to Hamilton City Council.
If you require any assistance in completing this form, please contact our friendly Rates team.

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

In person: 260 Anglesea Street, Hamilton

Post: Hamilton City Council, Private Bag 3010, Hamilton 3240

