



RUAPEHU DISTRICT COUNCIL

Private Bag 1001, Taumarunui 3946, New Zealand
Telephone 07 895 8188 • Fax 07 895 3256
Email info@ruapehudc.govt.nz
Website www.ruapehudc.govt.nz

For Council Use

Agreement to Pay Rates By Regular/Automatic Payment/Direct Debit

Ratepayer/Property Details

Name of Ratepayer _____
Postal Address _____
Property Address _____
Valuation Number _____
Annual Rates \$ _____ Due Now \$ _____ Balance to Clear \$ _____

Payment Details

Frequency Automatic Payments Direct Debits
 Regular Payments Weekly (every Tues, Wed or Thurs)
 Weekly Fortnightly (Tues, Wed or Thurs)
 Fortnightly Monthly (20th of each month)
 Monthly Instalment (penalty date of each instalment)
 Annual (discount date)

Start Date _____ Amount \$ _____

Direct Debit Payment Review: Adjustments will be made annually and the ratepayer notified in writing once the rates for the new rating year have been struck. Should any payments dishonor during the year an adjustment may be made to recover the missed payment/s.

Automatic Payments or payments by other methods: The ratepayer will need to make any necessary adjustment to the regular amount each August, once they have received the first rates notice for the new rating year, to ensure payments are sufficient to clear the rates for the year.

Penalty: A penalty waiver will be applied at the time this agreement is set up with Council. If the minimum amount required to clear rates by 30 June is not received at regular intervals, as provided for in this agreement, penalties will be added to the outstanding balance due.

If you require assistance to calculate the payment amounts required for an approved agreement, please contact Council, phone 07 895 8188.

Signatures

Ratepayer _____	For Council _____
Name (Print) _____	Name (Print) _____
Telephone _____	Position _____
Date _____	Date _____

RUAPEHU DISTRICT COUNCIL

RATEPAYER TO COMPLETE



EASY PAY SERVICE

RATEPAYER NUMBER:

PROPERTY ADDRESS:

BANK INSTRUCTIONS

NAME:

(Of Bank Account Holder)

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

BANK ACCOUNT FROM WHICH PAYMENTS ARE TO BE MADE:

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Bank

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Branch

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Account Number

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Suffix

AUTHORISATION CODE

0201895

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

To: The Bank Manager,

BANK:

BRANCH:

TOWN / CITY:

I / we authorise you, until further notice, to debit my / our account with you all amounts which

RUAPEHU 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.

INFORMATION TO APPEAR ON MY / OUR BANK STATEMENT

PAYER PARTICULARS

R	U	A	P	E	H	U		
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PAYER CODE

D	I	S	T	R	I	C	T	
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PAYER REFERENCE

C	O	U	N	C	I	L		
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YOUR SIGNATURE(S)

DATE:

Approved

0819

07 / 1992

Original – Retain at Branch

Date Received:

Recorded by:

Checked by:

BANK STAMP

Email completed form to: info@ruapehudc.govt.nz

CONDITIONS OF THIS AUTHORITY

1. The Initiator (Ruapehu District Council): -

- (a). Has agreed to give written 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 the direct debit will be initiated. 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 account on (initiating date).”

*This date will be at least two days prior to the due 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 effected by the Bank.

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 of 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 dispute lies between me/us and the Initiator.
- (d). The Bank accepts no responsibility or liability for the accuracy of information about payments on Bank Statements.
- (e). The Bank is not responsible for, or under any liability in respect of: -
 - Any variations between notices given by the Initiator and the amount of payments.
 - 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 monies pursuant to this or any other authority, cheque or draft property 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.