



RUAPEHU DISTRICT COUNCIL

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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
- | | |
|---|--|
| <input type="checkbox"/> Automatic Payments | <input type="checkbox"/> Direct Debits |
| <input type="checkbox"/> Regular Payments | <input type="checkbox"/> Weekly (<i>every Tues, Wed or Thurs</i>) |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly (<i>Tues, Wed or Thurs</i>) |
| <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly (<i>20th of each month</i>) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Instalment (<i>penalty date of each instalment</i>) |
| | <input type="checkbox"/> Annual (<i>discount date</i>) |

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

Authority for automatic payments

Not to operate as an assignment or an agreement.

BANK USE ONLY:

A/P No.	Type	Charge	Bank Int.	Non Std Com.	Bulk/G.A. Code	Freq. O'ride

Payer details

To the manager

Name of bank | _____
 Store/Branch | _____
 Address | _____
 Account name | _____

Important please tick

This is a new authority,
 or
 As from

D	D	M	M	Y	Y
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 \$ _____
 (first payment date), in favour of the same payee

Account details

Bank	Store	Account number	Suffix

On behalf of (Name if other than payer)

Details to appear on my/our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)

Frequency and amount

D	D	M	M	Y	Y
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 or until further notice (tick)
 First payment date Last payment date

Frequency

Weekly Fortnightly Four weekly Monthly Other _____
 Specify other period

Fixed amount

Amount \$ _____ Amount in words _____

Variable amount

Complete if applicable (one option only)

Variable first amount
 Variable last amount Amount \$ _____ Amount in words _____

Payee details

Pay to the credit of

Name of bank	Store/Branch
Account name	Bank Store/Branch Account number Suffix

Details to appear on my/our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)

Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Customer to complete

Account name | _____
 Signature | _____ Telephone 0 _____

D	D	M	M	Y	Y
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 Account name | _____
 Signature | _____ Telephone 0 _____

D	D	M	M	Y	Y
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