

Direct Debit Authority

Manawatu District Council, 135 Manchester Street, Private Bag 10 001, Feilding 4743
 T (06) 323 0000 E rates@mdc.govt.nz www.mdc.govt.nz
 GST No. 52-867-193 OFFICE HOURS 8:00am - 5:00pm Monday to Friday
 BANK ACCOUNT 02-0628-0040024-00



YOUR DETAILS	
Name of Ratepayer(s):	
Property Location:	
Postal Address:	
Daytime Phone:	Mobile:
Email:	Valuation Reference:

PAYMENT OPTIONS	
I/We wish to make payments: <input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> by instalment (due date) <input type="checkbox"/> annually	Start date of first payment Mon/Tue/Wed/Thu/Fri ____/____/____

BANKING DETAILS (Of the bank account from which you want to pay your rates)																																													
Account Number: <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> <tr> <td colspan="2">Bank</td> <td colspan="4">Branch Number</td> <td colspan="6">Account Number</td> <td colspan="3">Suffix</td> </tr> </table> Please attach an encoded deposit slip to ensure your number is loaded correctly.																Bank		Branch Number				Account Number						Suffix			Authority to Accept Direct Debits (not to operate as an assignment or agreement) <table border="1" style="margin-left:auto; margin-right:auto;"> <tr> <td colspan="7" style="text-align:center;">Authorisation Code</td> </tr> <tr> <td style="text-align:center;">0</td><td style="text-align:center;">2</td><td style="text-align:center;">1</td><td style="text-align:center;">8</td><td style="text-align:center;">1</td><td style="text-align:center;">5</td><td style="text-align:center;">1</td> </tr> </table>	Authorisation Code							0	2	1	8	1	5	1
Bank		Branch Number				Account Number						Suffix																																	
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0	2	1	8	1	5	1																																							
Name on Account:																																													
Bank:	Branch:																																												

AUTHORISATION

I/We authorise you until further notice in writing to debit my/our bank account with all amounts which Manawatu District Council (referred to as the Initiator), the registered initiator of the below authorisation code, may initiate by direct debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

Authorised Signature(s): _____ Date: _____

APPROVED	FOR BANK USE ONLY	BANK STAMP								
0860 <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:50%;">01</td> <td style="width:50%;">99</td> </tr> </table>	01	99	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:33%;">Date Received</td> <td style="width:33%;">Date Received</td> <td style="width:33%;">Date Received</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Date Received	Date Received	Date Received				_____ _____ _____
01	99									
Date Received	Date Received	Date Received								

CONDITIONS OF THIS AUTHORITY

1. The Initiator
 - (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 when the direct debit will be initiated.
 - (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.
3. The Customer acknowledges that
 - (a) This authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until the Bank receives actual notice of such event.
 - (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 dispute lies between me/us 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:
 - the accuracy of 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 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.

Office Use	Val Ref	DD No
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