

Filling out the Application Form

Please check and complete all sections numbered **1** to **7**

- 1** Check the Valuation Number, Rates Number and the Property Location from Rates Notice.
- 2** Select your preferred payment option
The purpose of this section is to provide your bank with the authority to allow the Council to debit your account for rates payments.
- 3** Enter the name of the bank account from which you want the rates payments to be made
- 4** Enter the details of the bank account number
- 5** Enter your banks' name and address
- 6** Circle if you wish to receive quarterly Rates Notices
- 7** The person from whose account the payment is to be made must sign here, plus enter a daytime contact phone number

Once completed return the form in the freepost envelope provided.

Please note that the form must be lodged with the Council first, not with your bank. We will lodge it with your bank. Following the acceptance by your bank, the Council will advise you of your Direct Debit amounts and due dates — that is why there is no amount on the form.

Hamilton City Council

RATES

direct debit

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 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 not withstanding 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.

Please complete numbers 1-7 and return in the envelope provided

1

Valuation Number:	Ratepayer Name(s):
Rates Number:	Property Address:

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

- Weekly - Every Thursday
- Fortnightly - Every 2nd Thursday - please contact us if you require confirmation of fortnightly cycle dates
- Monthly - Last business day of the month
- Quarterly - Due date of instalment

For weekly and fortnightly options, the direct debit will commence from the following week or fortnight after this form has been returned to Council

BANK INSTRUCTIONS

3 Name: (of Bank Account Holder)	AUTHORITY TO ACCEPT (Not to operate as an assignment or agreement)
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4 BANK INSTRUCTIONS

PLEASE ENCLOSE AN ENCODED SLIP

AUTHORISATION CODE

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Bank

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Branch Number

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Account Number

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Suffix

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

5 Bank:
Branch:

6 I wish to receive quarterly Rate Notices Yes / No
<small>N.B. You will always receive the first Instalment notice for your records only.</small>

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

HAMILTON CITY 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.

7 Your Signature(s):

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

Daytime Contact Number: