

# RATES AND WATER EASIPAY DIRECT DEBIT FORM

## PAYMENT OPTION: please tick

Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Start date 01		Start date	(Thursday)

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
*(Not to operate as an assignment or an agreement)*

### AUTHORISATION CODE

0	6	0	4	2	6	2
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## RATEPAYER DETAILS

Ratepayer name	Home phone	Work phone	Mobile
Ratepayer name	Home phone	Work phone	Mobile
Postal address of ratepayer		Email address	
Rate account number	Location of property	<input type="checkbox"/> Has postal address changed since last rates invoice?	

## BANK ACCOUNT DETAILS

Name (of bank account)	Name of bank
Bank account from which payments to be made <i>[Attach a bank deposit slip]</i>	Branch
Bank postal address	
Your signature(s) <i>[Bank account holders to complete]</i>	Date
1.	2.

I/We authorise you until further notice, to debit my/our account with all amounts which Wellington City Council – Easipay (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.

## INFORMATION TO APPEAR ON YOUR BANK ACCOUNT STATEMENT


APPROVED  
0426  
03/2011

FOR BANK USE ONLY

Date received

Recorded by

Checked by

BANK STAMP

Original – retain at branch

Recorded by  
*[For Council use only]*

# CONDITIONS OF THIS AUTHORITY

## 1. The Initiator:

- (a) Has agreed to give advance notice of the net amount of each direct debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the direct debit will be initiated. This notice will be provided either:
  - (i) in writing: or
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator. 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 bank account on (initiating date).

\*This date will be at least two (2) days prior to the initiating 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.
- (c) May, upon receiving an "authority to transfer form" (dated after the date of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate direct debits in reliance of that transfer form and this authority from the account identified in the authority transfer form.

## 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 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) 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 notice in accordance with 1(a) 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.
- (d) Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this authority to accept direct debits.

## WHAT IS EASIPAY?

It's the easy way to pay your rates bill. On the scheduled date, the amount you owe is automatically deducted from your bank account.

## WHAT ARE THE BENEFITS?

- No standing in queues
- No forgetting to pay
- No cheques or postage
- No large cash payments

## HOW DOES IT WORK?

When you join the rates or water Easipay system, you will receive a letter confirming your bank account details, start date and frequency of your payments. On payment days, the money you owe will be automatically paid out of your bank account. All transactions will show up on your regular bank account statement.

You keep full control over your method of payment and can cancel your Easipay arrangement at any time.

## HOW DO I JOIN?

1. Complete the form using the instructions on the reverse side of this page.
2. Send the form back to Wellington City Council, PO Box 2199, Wellington 6140, or hand it in at the City Service Centre – see below for location.
3. If you have any questions, phone 499 4444 or email [rates@wcc.govt.nz](mailto:rates@wcc.govt.nz)

## RETURNING THE FORM

Post the completed form to Wellington City Council, PO Box 2199, Wellington 6140 or deliver to the City Service Centre, 12 Manners Street, 8am–5pm, Monday to Friday.

Please check that you have provided the correct bank account details, signed the form, and attached your bank deposit slip. Please phone 499 4444, email [rates@wcc.govt.nz](mailto:rates@wcc.govt.nz) or call in to the City Service Centre for more information.

