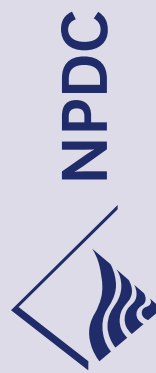


Now you can pay your rates
the easy way with



It's simple, it's convenient
and it's safe



Conditions of this Authority

1. The Initiator:
 - (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 two calendar months). Where the Direct Debit system is used for the collection of payments which are regular as to frequency but variable as to amounts, the Acceptor is to receive a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of Direct Debits, 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 future Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to the 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 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 clause 1(a) above, the Customer may 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 a request is 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 notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such events 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 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.
 - (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.
4. The Bank may:
 - (a) In its absolute discretion conclusively determine the order of priority of payment by it of all 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.

REPLY PAID
New Plymouth District Council
DX BOX NP90081
New Plymouth

EASYpay is a Direct Debit system that has many benefits:

- No missing the due date
- No cheques to write
- No penalties for late payments
- No transaction fees to pay
- You only set up the authority once
- You will be notified if your direct debit amount changes
- You are in control and may stop the payment at any time
- You can clearly identify the payment on your bank statement

HOW TO GET STARTED:

Simply complete the **EASYpay** Direct Debit form, detach, seal and post to New Plymouth District Council.

TO FIND OUT MORE:

Contact the customer service team on **06 759 6060**.



EASYpay DIRECT DEBIT AUTHORITY



Te Kaunihera-ā-Rohe o Ngāmotu

New Plymouth District Council

PLEASE COMPLETE ALL AREAS HIGHLIGHTED IN BLUE

Owner Name(s) _____

(the name that appears on your rate account)

Property ID No. _____ Property Address _____

(top right hand corner of your rate account)

Start Date _____ Payment Options Weekly Fortnightly Monthly Quarterly

Email Address _____ Please tick this box if you want to receive your rates invoices by email

Phone Home _____ Work / Mobile _____

NAME OF BANK ACCOUNT: _____

(name that appears on your bank account)

CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER AND ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED

Bank	Branch Number					Account Number						Suffix		

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

Authorisation Code

0	3	0	2	6	4	2
---	---	---	---	---	---	---

TO: The Manager, (Please print full postal address clearly for window envelope)

Bank _____

Branch _____

Address _____

(P O Box) _____

Town/City _____

Date _____

I/We authorise you until further notice in writing to debit my/our account with all amounts which **New Plymouth 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 and I/We agree to be bound by such conditions.

Authorised Signature(s)

IMPORTANT: This authority must be signed to be processed.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR)

Payer Particulars

N	P	D	I	S	T	C	N	L
---	---	---	---	---	---	---	---	---

Payer Code

--	--	--	--	--	--	--	--

Payer Reference

R	A	T	E	S				
---	---	---	---	---	--	--	--	--

Approved

0264
04/99

For bank use only

Date Received:

Recorded by:

Checked by:

Bank Stamp

Bank Copy - Return to New Plymouth District Council