HURUNUI
District Council

RATES EASY PAY

P O Box 13 • Amberley • PH. (03) 314 8816

Valuation Number:

Location of Property:

(IF MORE THAN ONE PROPERTY BEING PAID FOR, PLEASE ATTACH ADDITIONAL ADDRESSES)

Ratepayer Name:
Ph ( )
Alternate Name:
Ph ( )

I/We Wish to Make Payments:
☐ Fortnightly ☐ Monthly ☐ Quarterly

BANK INSTRUCTIONS

NAME:
(Of Bank Account Holder)

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

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:

Bank	Branch Number	Account Number	Suffix

AUTHORISATION CODE

2	7	0	0	9	8	9

To: The Bank Manager,

BANK:

BRANCH:

TOWN / CITY:

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

HURUNUI 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 the form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (To be completed by the Initiator)

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE
	R A T E S	

YOUR SIGNATURE(S)

_____ _____

DATE _____

Approved
0989
02 | 97

For Bank Use Only
Original – Retain at Branch

Date Received	Recorded by:	Checked by:

BANK STAMP