



CENTRAL HAWKE'S BAY DISTRICT COUNCIL

PO Box 127 Phone 06-857-8060
Waipawa 4240 Fax 06-857-7179
Email rates@chbdc.govt.nz
DDI 06-857-7738

Valuation Numbers:

Location of Property:

(IF MORE THAN ONE PROPERTY BEING PAID FOR PLEASE ATTACH ADDITIONAL ADDRESSES & VALUATION NUMBERS)
Ratepayer Name:
Ph ()
Alternate Name:
Ph ()

DIRECT DEBIT AUTHORITY

PAYMENT TO BE MADE: Please tick one and complete

Weekly Please circle M T W T F
 Fortnightly Please circle M T W T F
 Monthly Select Date
 Quarterly On Due Date
 Annual On Due Date

START DATE:

EMAIL ADDRESS:

Name of my account to be debited: (acceptor)

Name of my bank:

Bank Branch Account Suffix

Initiator's Authorisation Code
0 1 0 1 3 3 2

Approved
0133 06/17

I authorise you to debit my account with the amounts of direct debits from **Central Hawke's Bay District Council** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

CHBDC/RATES

Authorised signature/s: _____ Date: ____/____/____

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.