

Rates direct debit authority

Ratepayer name(s):

Property address:

Rates Number(s):

Would you like this direct debit authority to operate for multiple properties? ☐ *Tick if Yes please list below*

Bank details:

Account Holder Name:

Name of Bank

Account Number - - - -
Bank Branch Account Suffix

Your mobile number and email are required to set up a direct debit. This allows you access, view and self-manage your payment schedule, and receive text notifications from us about your rates payments.

Mobile number: _____ Email: _____

Select your frequency and start date:

☐ **Weekly** ☐ **Fortnightly** ☐ **Monthly**
What date would you like to start? ____ / ____ / 20____

☐ **Quarterly**
On the due date of each instalment

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from Hamilton City Council (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me. I agree that this authority is subject to my bank's terms and conditions that relate to my account, and the terms and conditions listed below.

Your authorised signature(s):

Signature one

Signature two if required.

Date ____ / ____ / ____

Name(s) _____

Specific conditions relating to notices and disputes

- 1) I agree that the initiator must give me at least two days' notice prior to each direct debit, provided that where the direct debit is in a series, the Initiator is only required to provide two days' notice prior to the first direct debit in the series.
- 2) Changes to the amounts or dates of a series of direct debits require 10 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within five business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

Once completed, please return this form to Hamilton City Council by emailing to rates@hcc.govt.nz, or post to Private Bag 3010, Hamilton 3240, or drop off to one of our customer service locations.

For Bank Use Only:

Date Received:

Recorded by:

Checked by:

BANK
STAMP

Original – Retain at Branch

Copy – Forward to Initiator if requested.

Privacy Statement

The personal information that you provide in this form will be held and protected by Hamilton City Council in accordance with our Privacy Statement (available at www.hamilton.govt.nz/privacy and at our libraries, pools and the Municipal Building, Garden Place) and with the Privacy Act 1993. The Privacy Statement explains how we can use and share your personal information in relation to any interaction you have with the Council, and how you can access and correct that information. You should familiarise yourself with this Statement before submitting this form.