



**STRATFORD
DISTRICT COUNCIL**

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

(OTHER ACCOUNTS)

Miranda Street
PO Box 320, Stratford 4352
Phone 06-765-6099
Fax 06-765-7500
www.stratford.govt.nz

PAYER DETAILS

To the Manager (Please print full postal address clearly)

Bank

Branch

Postal Address

IMPORTANT : PLEASE TICK

This is a new authority.

OR

As from ___/___/___ (first payment date), this authority replaces existing authorities for \$_____ in favour of the same payee

Date

On behalf of: (Name if other than payer)

Account Details:

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
BANK	BRANCH NUMBER	ACCOUNT NUMBER	SUFFIX

This information will appear on my/our bank statement:

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text" value="STRATFORD DC"/>
PAYER PARTICULARS	PAYER CODE (Account number)	PAYER REFERENCE

FREQUENCY AND AMOUNT

First Payment Date Last Payment Date **OR** Until Further Notice (Tick)

Frequency (Tick box) Weekly Fortnightly Four Weekly Monthly Specify other period

Fixed Amount	Amount \$ -	Amount in Words
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Complete if application (tick one box only)

Variable First Amount	Amount \$ -	Amount in Words
Variable Last Amount		

PAYEE DETAILS

Pay to the credit of:

Bank <input style="width: 100%;" type="text" value="TSB BANK LTD"/>	Branch <input style="width: 100%;" type="text" value="STRATFORD"/>	Name of Account <input style="width: 100%;" type="text" value="Stratford District Council"/>
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Bank account Details

<input style="width: 100%; height: 20px;" type="text" value="1"/>	<input style="width: 100%; height: 20px;" type="text" value="5"/>	<input style="width: 100%; height: 20px;" type="text" value="3"/>	<input style="width: 100%; height: 20px;" type="text" value="9"/>	<input style="width: 100%; height: 20px;" type="text" value="4"/>	<input style="width: 100%; height: 20px;" type="text" value="7"/>	<input style="width: 100%; height: 20px;" type="text" value="0"/>	<input style="width: 100%; height: 20px;" type="text" value="2"/>	<input style="width: 100%; height: 20px;" type="text" value="2"/>	<input style="width: 100%; height: 20px;" type="text" value="1"/>	<input style="width: 100%; height: 20px;" type="text" value="2"/>	<input style="width: 100%; height: 20px;" type="text" value="7"/>	<input style="width: 100%; height: 20px;" type="text" value="2"/>	<input style="width: 100%; height: 20px;" type="text" value="0"/>	<input style="width: 100%; height: 20px;" type="text" value="1"/>	<input style="width: 100%; height: 20px;" type="text" value="0"/>
BANK	BRANCH NUMBER	ACCOUNT NUMBER						SUFFIX							

This information will appear on Council's bank statement:

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
PARTICULARS (Payer's name)	CODE (Account number)	REFERENCE

AUTHORISATION

- Please make this automatic payment as detailed by debiting my/our account
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Name of account (Customer to complete)

Date

Please turn over