



AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

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

(RATES)

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:

BANK	BRANCH NUMBER	ACCOUNT NUMBER	SUFFIX
<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"/>

This information will appear on my/our bank statement:

R A T E S	<input style="width: 100%; height: 20px;" type="text"/>	S T R A T F O R D D C
PAYER PARTICULARS	PAYER CODE (Rating Unit 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	Amount \$ -	Amount in Words

PAYEE DETAILS

Pay to the credit of: Stratford District Council

Bank	Branch	Name of Account
<input style="width: 100%; height: 20px;" type="text"/> T S B B A N K L T D	<input style="width: 100%; height: 20px;" type="text"/> S T R A T F O R D	<input style="width: 100%; height: 20px;" type="text"/> Stratford District Council

Bank account Details

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

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 (Rating Unit number)	REFERENCE (Valuation number)

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account
2. 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