

# Rates/Water Billing Direct Debit Authority

Date

Return completed form to:

Horowhenua District Council Private Bag 4002, Levin 5540 rates@horowhenua.govt.nz

| Postal Address:  The address you have provided above will be used by Council on all further communication with you. Is this correct? Yes No Day Phone: Email Address:  would like to receive my rates invoices for the following properties by email: Yes No This direct debit authority is for the following properties that I own:  Assessment Number: Address of Property:  PAYMENT OPTIONS  Preferred direct debit start date: / (Please allow 10 working days)  Property Rates - Please tick preferred option  Tuesday Weekly Thursday Weekly Monthly 15th of each month Tuesday Fortnightly Quarterly on Instalment due date  Water Rates - Please tick  Quarterly payments due on the 25th of the month following your billing period only:  BANKING DETAILS  Name on Account  Authority To Accept Direct Debits  (Not to operate as an assignment or agreement)  | APPLICANT DETAILS                     |   |                      |               |  |                     |          |           |           |                |  |  |
|--|---------------------------------------|---|----------------------|---------------|--|---------------------|----------|-----------|-----------|----------------|--|--|
| This direct debit authority is for the following properties that I own:  Address of Property:  Assessment Number:  Address of Property:  Address of Property:  Assessment Number:  Address of Property:  Address of Property:  Assessment Number:  Address of Property:  Addre | Name of Ratepayer(s):                 |   |                      |               |  |                     |          |           |           |                |  |  |
| This direct debit authority is for the following properties that I own:  Address of Property:  Assessment Number:  Address of Property:  Address of Property:  Assessment Number:  Address of Property:  Address of Property:  Assessment Number:  Address of Property:  Addre |                                       |   |                      |               |  |                     |          |           |           |                |  |  |
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| would like to receive my rates invoices for the following properties by email:  Yes No  This direct debit authority is for the following properties that I own:  Assessment Number:  | The address you have provided about   | ve will be used by Council on all further commu     | unication            | with          | you. I                                 | ls this             | correc   | t? \\     | res 📗     | No             |  |  |
| Address of Property: Assessment Number: Address of Property: Assessment Number: Address of Property: Assessment Number: Address of Property: Address of Prop | Day Phone:                            | ne: Email Address:                                  |                      |               |  |                     |          |           |           |                |  |  |
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| my bank's terms and conditions that relate to my account, and  | ·                                     | •   | thority ur           | ntil fu       | rther i                                | notice <sup>-</sup> | from n   | ne.       |           |                |  |  |
|  |                                       |   |                      |               |  |                     |          |           |           |                |  |  |
| the terms and conditions listed below.   | -                                     | · · · · · · · · · · · · · · · · · · ·               |                      |               |  |                     |          |           |           |                |  |  |
|  | the terms and conditions listed be    | nov.  |                      |               |  |                     |          |           |           |                |  |  |
|  |                                       |   |                      |               |  |                     |          |           |           |                |  |  |
|  |                                       |   |                      |               |  |                     |          |           |           |                |  |  |
|  |                                       |   |                      |               |  |                     |          |           |           |                |  |  |
|  |                                       |   |                      |               |  | ,                   |          |           |           |                |  |  |

Authorised Signature/s

| Office Use Only   |                |              |             |                 |  |  |  |  |  |  |
|---|----------------|--------------|-------------|-----------------|--|--|--|--|--|--|
| Information to appear on my/our bank statement (to be completed by initiator) |                |              |             |                 |  |  |  |  |  |  |
| PAYER PART  | ICULARS        | PAYER CODE   |             | PAYER REFERENCE |  |  |  |  |  |  |
|   |                |              |             |                 |  |  |  |  |  |  |
| APPROVED  | DATE RECEIVED: | RECORDED BY: | CHECKED BY: | BANK            |  |  |  |  |  |  |
| NNNN MM/YY  |                |              |             | STAMP           |  |  |  |  |  |  |
|   |                | '            | ,           |                 |  |  |  |  |  |  |

## Specific conditions relating to notices and disputes

- I agree that the initiator must give me at least 10 days' notice prior to each direct debit, provided that where the direct debit is in a series, the Initiator is only required to provide 10 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 30 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 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

### **Privacy Statement**

Your privacy is important to us. You can view our Privacy Statement using the following link.

www.horowhenua.govt.nz/PrivacyStatement

#### **Further information on direct debits**

#### **HOW A DIRECT DEBIT WORKS**

You will receive a written confirmation showing your bank account details, start date, frequency and payment amount (for weekly, fortnightly and monthly frequencies) when this authority has been loaded. We will continue to issue quarterly Rates/Water invoices. The invoices will confirm the balance due for the current instalment, but will confirm that a direct debit arrangement is in place so no additional manual payment is required.

Please stop any existing automatic or internet/telephone banking payments that you may have set up at your bank.

#### **PAYMENT OPTIONS**

**Property Rates:** Weekly or Fortnightly payments are deducted on either a Tuesday or Thursday. Please indicate your preferred day and start date when completing the direct debit form. Monthly payments are deducted on the 15th of each month. Quarterly the balance owing is deducted on the invoice due date.

The amount of your direct debit is calculated based on the balance remaining to be paid for the current rating year divided by the number of weeks, fortnights or months from the start date to the 30th June of the current rating year.

Your Direct Debit amount will be automatically adjusted should your annual rates increase/decrease, or if payment(s) are missed or dishonoured. Three dishonoured payments will result in the cancellation of this authority - these do not need to be consecutive. We will send written notification of any change.

**Water Rates:** The balance owing is deducted on each invoice due date.

#### **CHANGING A DIRECT DEBIT**

If you change bank accounts, or purchase a new property in the Horowhenua District, please complete a new direct debit form. Forms are available from (New DD link to be added)

#### **CANCELLING A DIRECT DEBIT**

Please advise us in writing by email to rates@horowhenua.govt.nz. Please DO NOT cancel the Direct Debit at your bank - this is very important as it will cancel all existing and future authorities to Horowhenua District Council which may result in late rates payments and penalties applied.