

# TAURANGA CITY COUNCIL WATER AUTOMATIC PAYMENT PLAN



*Tauranga City*

**BANK INSTRUCTIONS - TO THE MANAGER  
PAYER [CUSTOMER] DETAILS**

My bank is:



Branch:

Valuation Number

This is a new authority

Branch Address



Replaces an existing authority for \$ \_\_\_\_\_

Name of Account

Bank

Branch No.

Account No.

Suffix

Account Details

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Please print the following details on my bank statement :

Particulars

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Code

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Reference

W	A	T	E	R						
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## FREQUENCY AND AMOUNT

Please start my payments on : Date:

Continue until I cancel:

Tick Box:

Weekly

Fortnightly

Monthly

Other .....

Amount :

Amount in words:

## PAYEE DETAILS

Pay to the credit of:

**Tauranga City Council  
The National Bank of New Zealand, Cnr Spring & Durham Sts, Tauranga**

Name of Account

T	A	U	R	A	N	G	A
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C	I	T	Y				
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C	L
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Bank

Branch No.

Account No.

Suffix

0	6	0	4	3	3
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0	2	1	3	4	7	4
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0	0
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Details to appear on payee's [Tauranga District Council's] bank statement:

Particulars

Code

Reference

W	A	T	E	R
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## 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.

Your signature[s]:

Date:

**CONDITIONS**

- 1 The Bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- 2 The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
- 3 This authority may be terminated or reduced without notice to me/us in respect of payment detailed over, by the Bank, or the payee.
- 4 This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
- 5 All current Bank and government charges for this service in force from time to time are to be debited to my/our account.

**ALTERATION TO FIXED AMOUNT**

Please alter the fixed amount of this transfer.

As from	Fixed amount	Amount in words	Customer's signature
As from	Fixed amount	Amount in words	Customer's signature

**FOR BANK USE ONLY**

Date received:	Recorded by:	Checked by:

[
  
 BANK
   
 STAMP
   
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