GISBORNE DISTRICT COUNCIL

Rates EasyPay

DIRECT DEBIT AUTHORITY

PLEASE COMPLETE ALL SHADED AREAS

NAME OF ACCOUNT

Authority to accept direct debits
(Not to operate as an agreement or assignment)

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE

BANK	BRANCH NO.	ACCOUNT NUMBER	SUFFIX

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

AUTHORISATION CODE

0	3	1	1	9	1	7

TO: THE BANK MANAGER

BANK

BRANCH

TOWN/CITY

I/We authorise you until further notice to debit my/our account with you all amounts that **GISBORNE DISTRICT COUNCIL PO BOX 747 GISBORNE** (Hereinafter referred to as the Initiator). The registered initiator of the above Authorisation Code, may initiate by Direct Debit

PLEASE TICK ONE OF THE OPTIONS BELOW

☐ MONTHLY (the payment will be direct debited from your account on the **20th day of each month**).

START DATE / /

☐ DUE DATE (the payment will be direct debited from your account **on the due date of each instalment**).

START DATE / /

INFORMATION TO APPEAR ON MY BANK STATEMENT

PAYER PARTICULARS

R	A	T	E	S							

PAYER CODE

PROPERTY LOCATION:

I/We acknowledge and accept that the bank accepts this authority only upon the conditions overleaf.

SIGNED

CONTACT NO

DATE

***PLEASE RETURN THIS FORM TO THE GISBORNE DISTRICT COUNCIL FOR PROCESSING**

Approved:
1191
11 | **04**

FOR BANK USE ONLY

Original - Retain at Branch

Date Received:	Recorded By:	Checked By:

BANK STAMP