Direct Debit

Carterton District Council

28 Holloway Street
PO Box 9, Carterton, 5743
P 06 379 4030
E rates@cdc.govt.nz
www.cdc.govt.nz



Rates direct debit payment

You can pay your rates automatically from your bank account on the last day for payment of each rate instalment, or monthly on the 20th of each month or weekly, or fortnightly on a Thursday.

The benefits to you

- You never miss your payments, so no more penalties.
- No additional bank fees (other than your normal line fees and any overdraft cost).
 You may be charged a set-up fee by your bank.
- Your money stays in your account right until the last day.
- Automatic adjustment of direct debit amount each year as your annual rates change.
- Should the due date fall on weekend or public holiday your account will be debited on the first working day.

Your bank statement will record how much you have paid and that it was paid to the Carterton District Council. Also, the rates account we send to you each quarter will acknowledge the receipt of your last payment(s) and advise you of the amount of the current instalment to be direct debited from your bank account on the last day for payment.

You can stop a payment, withdraw from the "Direct Debit Scheme" and go back to manually paying your property's rates at any time. Please contact Council to arrange this.

By completing the enclosed form and returning it to this office, you can authorise your bank to credit the District Council with your rates.

Conditions of this authority to accept Direct Debits

The Initiator:

- a) Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the Direct Debit will be initiated. The advance notice will include the following message:
 - Unless advice to the contrary is received from you by (date*), the amount\$..... will be directly debited to your bank account on (initiating date).
 - *this date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.
- b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing tome/us.

The Customer May:

- a) At any time terminate this Authority as to future payments by giving written notice of termination to the Bank and to the initiator.
- b) Stop payment of any Direct Debit to be initiated under this Authority by the initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

The Customer Acknowledges That:

- a) This Authority will remain in full force and effect in respect of all Direct Debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debit
- e) The Bank is not responsible for, or under any liability in respect of the Initiators failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any situation the dispute lies between me/us and the Initiator.

The Bank May:

- a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- b) At any time terminate this authority as to future payments by notice in writing to me/us.
- c) Charge its current fees for this service in force from time to time.

I would like to receive my rates account via email instead of post.	
Email address	
Please attach a Deposit Stip for your bank account here Carterton District Council	Valuation Number:
Slip for your than Carterton District Council	
Part RATES DIRECT PAYMENT PLAN	Location of Property:
A PO Box 9 Carterton 5743 Phone (06) 379-4030	
Please Tick the relevant Box Please arrange weekly payments of my/our rates.	(IF MORE THAN ONE PROPERTY BEING PAID PLEASE ATTACH ADDITIONAL ADDRESS & VALUATION NUMBERS
Please arrange fortnightly payments of my/our rates.	Ratepayers Name:
These will be deducted from your account on a Thursday Please state which Thursday you would like these to start.	Ph () Alternate name:
Prease state which mulsday you would like these to start.	Ph ()
Please arrange monthly (20th) payments of my/our rates.	
Please arrange automatic quarterly (due date) payments of n	ny/our rates. APPROVED
WALE OF ACCOUNT	0578
NAME OF ACCOUNT:	05/1997
CUSTOMER TO COMPLETE BANK/BRANCH NUMBER AND ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED AUTHORITY	
AGGGAN NGINGEN AND GENERAL TO BE BE	TO ACCEPT DIRECT DEBITS
Bank Branch No Account Number Sur	ffix (Not to operate as an
To: The Manager (Please print full postal address clearly for window envelope) assignment or agreement)	
Bank Branch	AUTHORISATION CODE
Address	0 2 0 5 7 8 3
(PO Box)	
Town/City	Date:
Part I/We authorise you until further notice in writing to debit my/our account with you all amounts which CARTERTON DISTRICT COUNCIL	
(Hereinafter referred to as the Initiator)	
the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge that the Bank accepts this authority only upon the conditions listed on the reverse of this form.	
INFORMATION TO APPEAR IN MY/OUR BANK STATEMENTS (TO BE COMPLETED BY INITIATOR)	
PAYER PARTICULARS PAYER CODE	PAYER REFERENCE
NAME OF ACCOUNT (CUSTOMER TO COMPLETE)	
YOUR AUTHORISED SIGNATURE/S	