DIRECT DEBIT FORM

Return To:
Freepost CODC
Central Otago District Council
P O Box 272
ALEXANDRA

CENTRAL OTAGO
DISTRICT COUNCIL

CUSTOMER DETAILS

VALUATION NUMBER/S: ____________________

NAME OF OWNER: ____________________

ADDRESS OF PROPERTY: ____________________

CONTACT NAME & PHONE NUMBER: ____________________

PLEASE TICK PAYMENT OPTION

Quarterly *(last day for payment without penalty)*　　Monthly *(20th of the month)*

BANK INSTRUCTIONS

NAME OF BANK ACCOUNT HOLDER:

____

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:

Bank　Branch　Account Number　Suffix

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

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

AUTHORISATION CODE

0 2 0 4 1 3 8

TO: THE BANK MANAGER

BANK: ____________________

BRANCH: ____________________

BANK ADDRESS: ____________________

I/We authorise you until further notice, to debit my/our account with all amounts which

CENTRAL OTAGO DISTRICT COUNCIL

(Hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority based on the conditions I have read and accepted prior to printing this form.

INFORMATION TO APPEAR ON THE CUSTOMER'S BANK STATEMENT

C	O	D	C		R	A	T	E	S																										

Payer Particulars　　Code　　Reference

YOUR SIGNATURE　　DATE

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