

## What is Rates Easipay?

It's the easy way to pay your rates bill. On the due date the amount you owe is automatically deducted from your bank account.

## What are the benefits?

- No standing in queues
- No forgetting to pay
- No cheques or postage
- No large cash payments

## How does it work?

When you join the Rates Easipay system you will receive a letter confirming your bank account details, commencement date and frequency of your payments. On payment days, the money you owe will be automatically paid out of your bank account. All transactions will show up on your regular bank account statement.

You keep full control over your method of payment and can cancel your Rates Easipay arrangement at any time.

## How do I join?

1. Complete the form using the instructions on the reverse side of this page.
2. Send the form back to Wellington City Council, PO Box 2199, Wellington or hand it in at one of our service centres (see over page for locations).
3. If you have any questions, please phone 499 4444 or email [rates@wcc.govt.nz](mailto:rates@wcc.govt.nz)

# How to fill in the **Rates Easipay** form

## Rates Easipay

### Wellington City Council

101 Wakefield Street, PO Box 2199, Wellington, Phone 499 4444, [www.Wellington.govt.nz](http://www.Wellington.govt.nz)

**Absolutely**  
**POSITIVELY**

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WELLINGTON CITY COUNCIL

Wellington

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| <small><b>AUTHORITY TO ACCEPT DIRECT DEBITS</b><br/>(Not to operate as an assignment or an agreement)</small> | <small><b>AUTHORISATION CODE</b></small><br><table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>0</td><td>6</td><td>0</td><td>4</td><td>2</td><td>6</td><td>2</td></tr> </table> | 0 | 6 | 0 | 4 | 2 | 6 | 2 | Your Payment Option: please tick<br>Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> |
| 0   | 6   | 0 | 4 | 2 | 6 | 2 |   |   |   |

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| Ratepayer Name  | Daytime Phone        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address of Ratepayer   |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rates Account Number  | Location of Property |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |              |
|--|--------------|
| <b>To the Bank Manager</b>   |              |
| Name (of bank account)   | Name of Bank |
| Bank Account from which payments to be made (Attach a bank deposit slip) | Branch       |
| Bank Postal Address  |              |
| Your Signature(s)<br><small>Bank account holders to complete</small>     | Signature(s) |
| Date   |              |

I/We authorise you until further **notice in writing** to debit my/our account with you in all amounts which **WELLINGTON CITY COUNCIL (RATES EASIPAY)** (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 on conditions listed on the reverse of this form.

**Information to appear on my/our bank statement**  
(to be completed by Wellington City Council)

|           |  |       |  |
|-----------|--|-------|--|
| R A T E S |  | R T Z |  |
| R A T E S |  | R T Z |  |
| R A T E S |  | R T Z |  |
| R A T E S |  | R T Z |  |

**Remember to attach a bank deposit slip for your bank account.**

|                                 |                   |   |   |  |   |
|---------------------------------|-------------------|---|---|--|---|
| APPROVED<br><br>0426<br>11/1996 | FOR BANK USE ONLY | Date received: <input style="width: 80%;" type="text"/> | Recorded by: <input style="width: 80%;" type="text"/> | Checked by: <input style="width: 80%;" type="text"/> | BANK STAMP<br><br><div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> |
|---------------------------------|-------------------|---|---|--|---|

original - retain at branch

For Council use only

|   |             |             |  |  |  |  |  |  |  |  |  |  |
|---|-------------|-------------|--|--|--|--|--|--|--|--|--|--|
| Agreement Number  | Recorded by | Letter Sent |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |             |             |  |  |  |  |  |  |  |  | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
|   |             |             |  |  |  |  |  |  |  |  |  |  |

→ Your name and daytime contact number

→ Your signature

→ Your bank account details

→ Remember to attach a deposit slip for your bank account

SAMPLE

Post the completed form to:  
**or**

Deliver to a Council service centre:

Wellington City Council, PO Box 2199, Wellington

City Service Centre  
Mervyn Kemp Library, Tawa

Newtown Library & Service Centre

Kilbirnie Library & Service Centre

Johnsonville Library & Service Centre

Civic Square/101 Wakefield Street  
158 Main Road

13 Constable Street

101 Kilbirnie Crescent

5 Broderick Road

8am to 5pm, Mon to Fri  
8am to 5pm, Mon/Tues/Wed/Fri  
10am to 8pm, Thurs  
10am to 4pm, Sat  
8am to 5pm, Mon to Fri  
10am to 12:30pm, Sat  
10am to 5pm, Mon to Fri  
10am to 1pm, Sat  
10am to 5:30pm, Mon/Tues/Wed/Thurs  
10am to 8pm, Fri  
10am to 12:30pm, Sat

Please check that you have provided the correct bank details, signed the form, and attached your bank deposit slip.

**Please phone 499-4444, email [rates@wcc.govt.nz](mailto:rates@wcc.govt.nz) or call into a Council service centre for more information.**

# Rates Easipay

## Wellington City Council



101 Wakefield Street, PO Box 2199, Wellington, Phone 499 4444, [www.Wellington.govt.nz](http://www.Wellington.govt.nz)

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

**AUTHORISATION CODE**  
0 6 0 4 2 6 2

Your Payment Option: please tick  
 Monthly  Quarterly

|                             |                      |               |  |
|-----------------------------|----------------------|---------------|--|
| Ratepayer Name              |                      | Daytime Phone |  |
| Postal Address of Ratepayer |                      |               |  |
| Rates Account Number        | Location of Property |               |  |
|                             |                      |               |  |
|                             |                      |               |  |
|                             |                      |               |  |
|                             |                      |               |  |

**To the Bank Manager**

|  |              |              |  |
|--|--------------|--------------|--|
| Name (of bank account)   |              | Name of Bank |  |
| Bank Account from which payments to be made (Attach a bank deposit slip) |              | Branch       |  |
| Bank Postal Address  |              |              |  |
| Your Signature(s)  | Signature(s) |              |  |
| Bank account holders to complete   |              |              |  |
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|           |  |       |
|-----------|--|-------|
| R A T E S |  | R T Z |
| R A T E S |  | R T Z |
| R A T E S |  | R T Z |
| R A T E S |  | R T Z |

**Remember to attach a bank deposit slip for your bank account.**

|                                 |                             |                |              |             |            |
|---------------------------------|-----------------------------|----------------|--------------|-------------|------------|
| APPROVED<br><br>0426<br>11/1996 | FOR BANK USE ONLY           | Date received: | Recorded by: | Checked by: | BANK STAMP |
|                                 | original - retain at branch |                |              |             |            |

For Council use only

|                  |             |             |
|------------------|-------------|-------------|
| Agreement Number | Recorded by | Letter Sent |
|                  |             |             |

# ***Conditions of this Authority to accept direct debits***

## **1. The Initiator (Wellington City Council):**

- (a) The Initiator undertakes to give written notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than two calendar months).

In the event of any subsequent change to the frequency or amount of the direct debits, the Initiator has agreed to give written advance notice at least 10 days before the change comes into effect.

- (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 to me/us.

## **2. The Customer (you) 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 initiated under this Authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1 (a) above, request the Bank to reverse or alter any such direct debit initiated by the Initiator by debiting the amount of the reversal or alteration of a direct debit back to the Initiator through the Initiator's Bank PROVIDED such a request is made not more than 120 days from the date when the direct debit was debited to my/our account.

## **3. The Customer (you) acknowledges that:**

- (a) This Authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such an event is received by the Bank.
- (b) In any event this Authority is subject to any agreement 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, or any other disputes 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 for: the accuracy of information about direct debits on bank statements; any variations between notices given by the Initiator and the amounts of direct debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation that dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of case 1 (a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

## **4. 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.