

## Rates direct debit form

Send this completed form back to **Christchurch City Council, PO Box 73015, Christchurch, 8154** or drop it at one of our service centres. Please note that this form must be signed by hand in ink, and a typed signature is not permitted. You will receive a letter confirming your bank account details, commencement date and frequency of your payments. Visit **[ccc.govt.nz](http://ccc.govt.nz)**, phone **03 941 8999, 0800 800 169** or email **[directdebits@ccc.govt.nz](mailto:directdebits@ccc.govt.nz)** for more information.

**Payment option:** *please tick*

Monthly (15th of every month)

Quarterly (due date of instalment)

## Ratepayer details

Ratepayer name:

Ratepayer postal address:

Daytime phone number: (       )

Rates reference number:                      Property address:

## Bank instructions

Bank account holder's name/s:

### Authority to accept direct debits

**Authorisation code** 0 2 0 1 8 2 1

Bank account from which payments to be made:

Bank	Branch	Account number	Suffix
Bank name:			Branch:

Bank postal address:

**Please provide confirmation of your bank account number to ensure your details are loaded correctly.**

### From the acceptor to my bank:

I/we authorise you to debit my account with the amounts of direct debit instructions received from Christchurch City Council with the authorisation code specified on this authority and in accordance with this authority until further notice from me. I agree that this authority is subject to my bank's terms and conditions that relate to my account, and the terms and conditions listed on the reverse of this form.

**Your signature(s)**

Date:        /        /        Signature(s):

\* Please note that signatures must be by hand in ink and may not be typed.

Approved

0182

07/21

**For bank use only**

Date received:      Recorded by:      Checked by:

Original - retain at branch

Stamp

**For Council use only**

Recorded by:

Letter sent:

Date to bank:

# Paying your rates

## Direct debit form

### Conditions of this authority to accept direct debits

#### Specific conditions relating to notices and disputes

- 1) I agree that the Initiator (Christchurch City Council) must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
  - I didn't receive proper notice of the amount and date of the direct debit, or
  - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within five business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

#### Find out more

-  Visit our website [ccc.govt.nz/rates](https://ccc.govt.nz/rates)
-  Email us at [directdebits@ccc.govt.nz](mailto:directdebits@ccc.govt.nz)
-  Call us on **03 941 8999** or **0800 800 169**