

**Authorised Signature** 

## Water Direct Debit

To pay the Dunedin City Council, complete the areas below, sign and return this form to Freepost Authority Number 247608, Dunedin City Council, PO Box 5045, Dunedin 9054. DCC will notify you when your application has been processed.

| Your Details:  |                |                  |               |                    |             |          |        |   |          |            |                             |      |  |
|--|----------------|------------------|---------------|--------------------|-------------|----------|--------|---|----------|------------|-----------------------------|------|--|
| Name of Customer:  |                |                  |               |                    |             |          |        |   |          |            | (Acceptor)                  |      |  |
| Postal Address:  |                |                  |               |                    |             |          |        |   |          |            |                             |      |  |
| Telephone: (home   | )              |                  |               |                    | (work)      |          |        |   |          |            |                             |      |  |
| Email:   |                |                  |               | Assessment Number: |             |          |        |   |          |            |                             |      |  |
| Your Banking Details:  Details of the bank account from which you want to the bank account from which you want to the bank account Name: |                |                  |               |                    |             |          |        | Initiator's authorisation code (DCC use only)  0 3 0 8 8 8 9  Date: |          |            |                             |      |  |
| Account Number:  |                |                  |               |                    |             | <u> </u> |        |   | 7        |            |                             |      |  |
|  |                |                  |               |                    |             |          |        |   |          |            |                             |      |  |
| bank   | branch         |                  |               | i                  | account num | ber      |        |   | _        |            | suffix                      |      |  |
| Bank name:   |                |                  |               | Brand              | :h:         |          |        |   |          |            |                             |      |  |
| <ul><li>A copy of</li><li>A letter from</li></ul>  | posit slip, or | ank statement, o | or            |                    |             |          |        |   |          |            |                             |      |  |
| From the acceptor I/We authorise you code specified on   | to debit my    | our account v    | vith the amou | unts of dire       |             |          | ınedin | City Co   | ouncil w | vith the a | uthorisa                    | tion |  |
| I/We agree that thi  the bank's term  the specific term  | s and condi    | tions that relat | •             | ount, and          |             |          |        |   |          |            |                             |      |  |
| Information to app   | ear on my/o    | ur bank statem   | nent:         |                    |             |          |        |   |          |            |                             |      |  |
| D C C V  | / A T I        | E R              |               | code               |             |          |        |   | re       | ference    |                             |      |  |
| Please sign h  | ere:           |                  |               |                    | Date        |          |        | _   |          |            | use only<br>proved<br>08/21 |      |  |
|  |                |                  |               |                    |             |          |        |   |          |            | 1                           |      |  |

Date

## Specific conditions relating to notices and disputes

- 1. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
- 2. The initiator is required to give me a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.
- 3. If the bank dishonours a direct debit but the initiator sends the direct debit a second time within five business days of the original direct debit, the initiator is not required to notify me a second time of the amount and date of the direct debit.