

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

| PROPERTY DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of ratepayer (acceptor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone number                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Postal address of ratepayer (acceptor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Email address                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Rates assessment number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Property address (List multiple properties if their rates are to be paid by direct debit from the same bank account)                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ACCOUNT DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Name of my account to be debited (acceptor)<br><input style="width: 90%;" type="text"/><br>Name of my bank:<br><input style="width: 90%;" type="text"/><br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/><br/>             Bank         </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/><br/>             Branch         </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/><br/>             Account         </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/><br/>             Suffix         </div> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">             Initiator's Authorisation Code<br/> <div style="border: 1px solid black; text-align: center; padding: 2px;">0109028</div> </div> <div style="border: 1px solid black; padding: 5px;">             Approved<br/> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span>0902</span> <span>08/25</span> </div> </div> |

**From the acceptor to *[insert name of acceptor's bank]* (my bank):**

I authorise Southland Regional Council (trading as Environment Southland), until further notice in writing, to debit my account with all amounts which Environment Southland, the registered initiator of the specified Authorisation Code on this form, may initiate by direct debit.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Statement reference

Authorised signature/s:

Date:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Terms and Conditions of this Authority

Specific conditions relating to notices and disputes

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.

The initiator may only send a direct debit if you have:

- asked the initiator to send it, and
- agreed the amount of the direct debit.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.