

**AUTOMATIC PAYMENT FORM**

**DO NOT RETURN THIS FORM TO VEOLIA**

This can be set up via internet banking or taken to your bank for loading.

**To the Manager of:**

<b>Name of Bank:</b>		<b>IMPORTANT PLEASE TICK</b>
<b>Branch</b>		
<b>Town/City</b>		
		<input type="radio"/> This is a new authority <input type="radio"/> As from _____ (first payment date), this authority replaces existing authorities for \$_____ in favour of the same payee

**Bank Account Details:**

(from which your payments are to be made from)

Name on your Bank Account	Bank	Branch No.	Account No.	Suffix
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**Details to appear on my/our bank statement.**

Particulars - (Water Acct No.)	Code	Reference
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**Frequency & Amount**

First Payment Date: / / 20	Last Payment Date: / / 20	<b>OR</b>	Until Further Notice: (Tick)		
<b>Tick Box</b>	Weekly	Fortnightly	4 Weekly	Monthly	Other Please Specify
Fixed Payment Amount	Amount \$	Amount In Words			

Complete if applicable (tick 1 box only)

Variable First Amount:	Amount \$	Amount In Words
Variable Last Amount:		

**Payee Details - Pay to the credit of:**

Name of Bank: <b>WESTPAC</b>	Branch: <b>Papakura</b>			
<b>V E O L I A</b> (AKA: United Water)	<b>0 3</b>	<b>0 3 9 9</b>	<b>0 2 5 5 4 2 6</b>	<b>0 0 2</b>
Name of Account	Bank	Branch No.	Account No.	Suffix

Details to appear on payee's bank statement

Particulars - (Water Acct No.)	Code	Reference
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**Authorisation Acknowledgement**

- Please make this automatic payment by debiting my/our bank account
- I/We understand & accept that the Bank accepts this authority only on the conditions overleaf.

Name(s) on Account: \_\_\_\_\_

_____ (Customers Signature)	_____ (Contact Phone No.)	_____ (Date)
_____ (Customers Signature)	_____ (Contact Phone No.)	_____ (Date)

Please complete this section if payments are to be made by bank cheque:

Cheque payable to:

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Please send the cheque to this address:


Text to accompany payment should read:

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**CONDITIONS OF THIS AUTHORITY**

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in the authority have been given by me/us for the purpose of a business, the Bank accepts those direction without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

**ALTERATION TO REGULAR AMOUNT**

Please alter the regular amount of this automatic payment.

As from / / 20	New Regular Payment Amount \$ _____	Amount in Words	Customer's Signature
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**FOR BANK USE ONLY**

Date Received:	Received By:	Checked By:	<b>BANK STAMP</b>