



**STRATFORD
DISTRICT COUNCIL**

Direct Debit Payment Authority

(OTHER ACCOUNTS)

Miranda Street
PO Box 320, Stratford 4352
Phone 06-765-6099
Fax 06-765-7500
www.stratford.govt.nz

Ratepayer's Name

Name of bank account

Bank account from which payments are made

BANK

BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

Please attach an encoded deposit slip to ensure your number is loaded correctly.

Contact telephone number

AREA CODE

NUMBER

To the Manager (Please print full postal address clearly)

Bank

Branch

Postal
Address

**AUTHORITY
TO ACCEPT
DIRECT DEBITS**

(Not to operate as an
assignment or agreement)

AUTHORISATION CODE

1 5 0 0 1 2 1

I/We authorise you until further notice, to debit my/our account with all amounts which Stratford District Council (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.

This information will appear on my/our bank statement:

PAYER PARTICULARS

PAYER CODE (Account number)

S T R A T F O R D D C

PAYER REFERENCE

Authorised Signature(s)

Amount \$

Frequency

Weekly Fortnightly Monthly Quarterly

Start Date

/ /

Date

/ /

Valuation No

/ .

BANK USE ONLY

Approved

Date received

Recorded by

Checked by

Bank stamp