



- Not to act as an assignment or an agreement
- Give completed form to your bank

Your account details

Name of your bank

Branch Town or city

Name of account

Important – tick one This is a new automatic payment

As from this automatic payment for \$

Day Month Year

Bank account number

Bank Branch Account number Suffix

On behalf of (name if other than payer)

Description of payment to appear on your bank statement (eg tax bill)

Frequency First payment date Last payment date

Day Month Year Day Month Year OR until further notice (please tick)

(Tick one) Weekly Fortnightly Four-weekly Monthly Other period

Amount Fixed amount \$ Amount in words

Variable amount (tick one) Variable first amount Variable last amount

Complete if applicable \$ Amount in words

Inland Revenue details

Credit to: Westpac NZ Government branch

Bank Branch Account number Suffix

INLAND REVENUE DEPT

Please enter your payment details here to ensure your payment is credited to the correct account.

IRD number Tax type Day Month Tax year

(8 digit numbers start in the second box.)

Specify the period end date you want this payment to be made for

Use **ARR** as your tax type if you are paying tax under arrangement. You do not need to complete the period end date if you use ARR, KSS or NCP (Period end dates are required for KSE and KSR). If you are not paying tax under arrangement, please choose one tax type from the list below.

- | | | |
|---|---|--------------------------------------|
| AIL (approved issuer levy) | GST (goods and services tax) | NCP (liable parent) |
| CPR (receiving carer) | INC (income tax) | PAY (tax deductions only) |
| CSE (child support employer) | IPS (RWT on interest) | RWT (RWT-specified dividends) |
| DWT (RWT-ordinary dividends) | KSE (employer KiwiSaver deductions) | SLE (student loan-employer) |
| SSC (employer superannuation contributions tax*) | KSR (employer KiwiSaver contributions) | SLS (student loan scheme) |
| FAM (Working for Families Tax Credits) | KSS (KiwiSaver member account) | |
| FBT (fringe benefit tax) | NRT (non-resident withholding tax) | |

Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the bank accepts this authority only on the conditions set out over the page.

Name of account (customer to complete)

Signature / / Contact phone number

Date

Signature / / Contact phone number

Date

Important: Have you filled in your IRD number and your tax type?
If you would like assistance to complete this form please call 0800 227 774

* formerly specified superannuation withholding tax

Conditions

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 this authority have been given by me/us for the purpose of a business, the bank accepts those directions 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 may, 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 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 of this authority until notice of my/our death, bankruptcy or 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 fixed amount

Please alter the fixed amount of this transfer

Fixed amount \$. Amount in words

Date from which alteration applies / / Customer's signature

Day Month Year Date

Fixed amount \$. Amount in words

Date from which alteration applies / / Customer's signature

Day Month Year Date

For bank use only

Date received / / Bank stamp

Day Month Year

Received by

Checked by