**Ministry for the Environment P.O Box 10362,**

**8 Willis Street,**

**Wellington,**

**New Zealand**

**Email Id:** [**TSFaccounts@mfe.govt.nz**](mailto:TSFaccounts@mfe.govt.nz)

**A black background with a black square

Description automatically generated with medium confidence**

DIRECT DEBIT AUTHORITY

**Initiator’s authorisation code**

Bank

Branch

Account number

Suffix

Business Customer ID

Name on my account to be debited (acceptor)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**BANK ACCOUNT FROM WHICH PAYMENT TO BE MADE**

**Approved**

**nnnn mm/yy**

***Please print account number clearly***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |
| --- |
| To: The Manager *(Please print full postal address clearly)* |
| Name of Bankand Branch |
| Address |
| Town/City |
| Country/State |

# 

# I/We authorise you until further notice in writing to debit my/our account with you all amounts which

# MINISTRY OF FOR THE ENVIRONMENT

# (herein after referred to as the Initiator) the registered Initiator with the above authorisation code specified on this authority in accordance with this authority until further notice.

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.

# Information to appear on my/our bank statement

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Payer particulars Payer code Payer reference

Authorised signature Date DD / MM / YYYY

Authorised signature Date DD / MM / YYYY

**(\* Please note that this DD authority must be signed in accordance with the signature authority required by the acceptor’s bank account that receives the DDs sent under this Authority, for example sole signatory, or 2 to sign, etc.)**

Please send this completed form to: [TSFaccounts@mfe.govt.nz](mailto:TSFaccounts@mfe.govt.nz)

# Specific conditions relating to notices and dispute

1. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
   * I don’t receive written notice of the amount and date of each direct debit from the initiator, or
   * I receive 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 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 5 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.