Debt Repayments authority form

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Authority for automatic payments. Not to operate as an assignment or agreement.

Please tick which applies

☐ This is a new automatic payment

☐ Change an existing automatic payment to Work and Income. The current amount being paid is $

Bank details

1 What are your bank's details?

Name of bank

Branch

Payer's details

2 Bank account number

Bank | Branch | Account number | Suffix

3 Bank account name

4 Are you paying on behalf of someone else?

☐ No

☐ Yes → What is their name?

5 Details to appear on my/our bank statements

Particulars

Code

Reference

Payment details

6 What are the first and last payment dates?

First payment date — Day Month Year

Last payment date — Day Month Year

OR ☐ Until further notice

7 How often are the payments to be made?

☐ Weekly ☐ Fortnightly ☐ Four weekly ☐ Monthly

☐ Other → Please specify

INFORMATION FOR Q8:
We suggest you make the first payment the variable amount.

8 **How much are the payments to be for?**

Different first payment
$

Amount in words

Regular amount
$

Amount in words

Different last payment
$

Amount in words

Payee details

9 **Pay to the credit of**

Name of bank
WESTPAC

Branch
NZ GOVERNMENT BRANCH

Name of account
WORK AND INCOME DEBT MANAGEMENT

Account number
03–0049–0006243–025

10 **Details to appear on Work and Income's bank statement**

Surname and initial

Client number
D **0**

Authorisation

- I authorise you to make automatic payments described in this form.
- I agree that this authority is subject to the bank's terms and conditions relating to my account.

Client's signature

Contact phone number
( )

Day Month Year

Client's signature

Contact phone number
( )

Day Month Year

Bank use only

Recorded by

Checked by

Day Month Year