

DIRECT CREDIT FORM



OPERATOR DETAILS	
Name of Account:	_____
Address:	_____ _____
Contact Name:	_____
Phone Number:	_____ GST Number: _____
Email Address:	_____

BANK INSTRUCTIONS

Please make payments to my/our account, named:

BANK ACCOUNT TO WHICH PAYMENTS ARE TO BE MADE:

<i>Bank</i>	<i>Branch</i>	<i>Account Number</i>										<i>Suffix</i>							

Please attach a **PRE-PRINTED BANK DEPOSIT SLIP** or top of **BANK STATEMENT**, providing proof of your **ACCOUNT NAME AND NUMBER**.

Please complete *Your Reference* to appear on your bank statement:

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Your Reference

PLEASE NOTE

1. The Central Otago District Council will send a remittance advice, telling you when a deposit is being made.
2. You must notify the Central Otago District Council's Creditors Officer, *in writing*, of any intention of a change of bank account number for this Creditor. Email: creditors@codc.govt.nz
3. It is your responsibility to advise the Central Otago District Council's Creditors Officer, *in writing*, if your business is transferred to new owners, and the bank account is different to the one stated above.

Signature: _____ Date: _____

Office Use Only:

IBIS Code

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Date Stamp
