

Agreement to pay account by instalments



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Owner details (Please print in CAPITALS)

Title: Mr Mrs Miss Ms

First names

Surname

Postal address

Town Postcode

Home phone number - Work phone number - Mobile phone number -

Email

Payment details

Payment for	Details	Fee
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

I agree to make this total payment to the Tararua District Council: \$

Payments will be made: by direct debit over the counter / cash

Frequency of payments will be: weekly fortnightly monthly

Number of payments (maximum 2) The amount of each payment will be: \$

The first payment will be made on: / / 20

I understand and agree that the Tararua District Council has issued me with a tax invoice. I understand that if I default on one payment, my account will go to Tararua District Council's collection agency.

Signature of owner Date / / 20

Office use only

Date received / / NAR •

Completed direct debit attached Agreement approved by