QUEENSTOWN LAKES DISTRICT COUNCIL

Queenstown Lakes District Council
Private Bag 50072, Queenstown

# Direct Debit Authority Form

American Express Account Number | 3 | 7 | 7 | 4 | | | | | | | | | | | | |

| NAME ON CARD | EXPIRY DATE mm / yy |
|---|---|
| | |

I understand payment will be made automatically on the last day for payment without penalty for the amount that appears in the **'Total Now Due'** line on my Rate Assessment Notice. These instructions will remain in effect until cancelled by me in writing, which I can do at any time.

Valuation Number | | | | | | | | | | | | | |

| NAME OF OWNER/OCCUPIER (AS INDICATED ON RATES NOTICE) |
|---|
| |

Please begin American Express deductions for

| INSTALMENT NUMBER | INSTALMENT DATE |
|---|---|
| | |

By signing below I authorise Queenstown Lakes District Council to automatically debit my rates amount from my American Express Card Account.

| SIGNATURE | DATE |
|---|---|
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