



# Bill Payee Registration Form

## A. Payee details

Business or organisation that will receive the payments.

☐ New ☐ Amend

Company or organisation name

Postal address NUMBER & STREET

SUBURB TOWN/CITY POSTCODE

Type of nature of business (e.g. garage, insurance, utility, etc)

Contact name FIRST MIDDLE LAST

Position Contact phone number

Email

## B. Biller Account details

Details of the Bank Account into which the Bill Payments & APs are to be credited. Please also include a deposit slip to verify your account number:

Name to appear on Bill Payee list

Account number

## C. Payment Identification details

Please describe the information that is required to be shown in the corresponding fields on your bank statement that will allow you to identify and reconcile the payment received:

Statement fields (max 12 characters)	Information you need (e.g. Customer surname, Customer reference number, etc)	Example of the format you like to appear on your statement
Particulars		
Code		
Reference		

### Example

Statement fields (max 12 characters)	Information you need (e.g. Customer surname, Customer reference number, etc)	Example of the format you like to appear on your statement
Particulars	Customer surname	S M I T H
Code	Customer initials	A E
Reference	Customer number	5 7 1 0 3 2 6

## D. Authorisation

By signing this authorisation you agree that:

- The information contained in this form may be disclosed by the Bank (and any third party receiving the information from the Bank by virtue of this authorisation (Authorised Recipient)) for the purpose of giving effect to a bill payment service;
- Any dispute concerning payment by a payer using the bill payment or AP service will be between you, as payee, and the payer; and
- The Bank and an Authorised Recipient will not be liable for a payer's failure to pay your accounts when due or any failure for any reason whatsoever to effect the payer's instructions to credit your account.

Signed for and on behalf of the Payee:

Authorised signatory FULL NAME Title

Signature Date DD / MM / YYYY

Authorised signatory FULL NAME Title

Signature Date DD / MM / YYYY

## E. Completion

Please sign, date and scan this form and email to [bill\\_payee\\_admin@westpac.co.nz](mailto:bill_payee_admin@westpac.co.nz)

Westpac use only	Loaded by	Date DD / MM / YYYY	Checked by	Date DD / MM / YYYY
	Date DD / MM / YYYY	Other		