



Bill Payee Registration Form

A. Payee details

Business or organisation that will receive the payments.

New Amendment

Company or organisation name

Postal address NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Type or 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 payments are to be credited. This will be validated before your organisation is added to the register. Note: Name to appear is limited to 55 characters.

Name to appear on bill payee list

Account number

C. Payment identification details

Please specify the information that should appear in the corresponding fields on your bank statement to help you to identify and reconcile the payment received. You must specify payment identification details for at least one of the fields below:

Statement fields (max 12 characters)	Information you need (e.g. Customer surname, Customer reference number, etc)	Example of the format 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 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

Westpac use only

Loaded by

Date DD / MM / YYYY

Checked by

Date DD / MM / YYYY

Date DD / MM / YYYY Other