



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		<input type="text"/>
Code		<input type="text"/>
Reference		<input type="text"/>
Example		
Particulars	Customer surname	S M I T H <input type="text"/>
Code	Customer initials	A E <input type="text"/>
Reference	Customer number	<input type="text"/> 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 return to **Westpac, Bill Payment Administration, Level 8, 1 Grey Street, PO Box 691, Wellington.** If you have any questions please email 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