



## Bill Payee Registration Form

### Send the completed form to:

Westpac  
 Bill Payment Administration  
 Level 8, 1 Grey Street  
 PO Box 691  
 Wellington

<b>For bank use only</b>			
Loaded by <input style="width: 90%;" type="text"/>		Date <input style="width: 75%;" type="text"/>	
Checked by <input style="width: 90%;" type="text"/>		Date <input style="width: 75%;" type="text"/>	
Date live <input style="width: 90%;" type="text"/>		Other <input style="width: 75%;" type="text"/>	

### Section 1 Payee Details (business or organisation that will receive the payments)

1. Company or organisation name \_\_\_\_\_
2. Mail address (street, city, post code, etc) \_\_\_\_\_  
 \_\_\_\_\_
3. Type of nature of business (e.g. garage, insurance, utility, etc) \_\_\_\_\_
4. Contact name (including title or position) \_\_\_\_\_
5. Contact phone number \_\_\_\_\_
6. Email address and fax number \_\_\_\_\_

### Section 2 Biller Account Details

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

1. Name to appear on Bill Payee list \_\_\_\_\_
  2. Account number
- BankBranchAccount numberSuffix

### Section 3 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.

<b>Statement fields</b> <small>(max 12 characters)</small>	<b>Information you need, e.g. Customer surname, Customer reference number, etc</b>	<b>Example of the format you like to appear on your statement</b>
Particulars		<input style="width: 100%;" type="text"/>
Code		<input style="width: 100%;" type="text"/>
Reference		<input style="width: 100%;" type="text"/>

#### **Example**

<b>Statement fields</b> <small>(max 12 characters)</small>	<b>Information you need, e.g. Customer surname, Customer reference number, etc</b>	<b>Example of the format you like to appear on your statement</b>
Particulars	Customer surname	<input style="width: 100%;" type="text" value="S M I T H"/>
Code	Customer initials	<input style="width: 100%;" type="text" value="A E"/>
Reference	Customer number	<input style="width: 100%;" type="text" value="5 7 1 0 3 2 6"/>

### Section 4 Authorisation

By signing this authorisation you agree that:

1. 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
2. any dispute concerning payment by a payer using the bill payment service will be between you, as payee, and the payer
3. 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

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**Name of Authorised Signatory** **Signature** **Date**

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**Name of Authorised Signatory** **Signature** **Date**

If you have any questions please email [bill\\_payee\\_admin@westpac.co.nz](mailto:bill_payee_admin@westpac.co.nz)