

DIRECT CREDIT RECOVERY FORM (DCR) FAX TO 03 371 5949 Phone: 0800 652 752 Email govtsupport@westpac.co.nz

| Department Name: | | Date: |
|---|------------------------------------|-------------------------------|
| Name of Person requesting D | CR: | |
| Contact Phone No: | Contact Fax No: | |
| We are seeking the recovery c | of the following direct credit tra | ansactions as listed below |
| Paid From: 03 | | |
| Original transaction was proc | essed on: / / | |
| Duplication was processed or | ı: (if applicable) / | / |
| | mpt to recover transactions ma | ade within the last 120 days) |
| Transaction/s to be recovered ACCOUNT NAME | ACCOUNT NUMBER | AMOUNT OF PAYMENT |
| ACCOUNT NAME | ACCOUNT NUMBER | AMOUNT OF FATMENT |
| | | |
| | | |
| | | |
| Please deduct the fee of \$25 | per transaction (minimum chai | rge \$50) from: |
| | arged regardless of whether Do | |
| Funds to be returned to: (if d | lifferent from original paying a | ccount) |
| Account Number 03 | | |
| Authorised Signatories: | | |
| (Please note the response can | take up to 5 days) | |
| Westnac New Zealand Ltd | | |