HSBC

Reset Form

Bill payee registration form

Send the completed form to:
[Bank details]

For bank use only:

Loaded by: _____ D D M M Y Y

Checked by: _____ D D M M Y Y

Bank payee registration number:

◯ New payee ◯ Amendment to an existing payee

Date the details in this form are effective: D D M M Y Y

Section 1: Payee details *(Organisation that will receive the payments)*

1. Organisation name:
2. Address:
3. Type of business (e.g. garage):
4. Contact name: *(incl. title or position)*
5. Contact phone and fax:
6. Email address:

Section 2: Payee account details

Please enter the details of the account into which you would like bill payments to be credited:

Name to appear on the bill payee register:

Account number: - | | - | | | | | - | | | | | | | | - | |

Bank - Branch - Account number - Suffix

Section 3: Payment Identification Details

Please specify the format of the information you require on your bank statement to identify and reconcile a bill payment received:

Statement field names (maximum 12 characters)	Information you require (e.g. surname, customer ref no, etc)	Example of the format you require
Particulars		
Code		
Reference		
Payment validation requirements, e.g. check digit routines or algorithms (attach separately if applicable)		◯ Y ◯ N

Example:

Particulars		S M I T H
Code		A E
Reference		5 7 1 0 3 2 6

Section 4: Agreement

By signing this form you agree that:

1. The bank, Payments NZ Limited, and any 3rd party to whom the bank gives this form may disclose the information contained in this form to give 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, Payments NZ Limited, and any 3rd party to whom the bank gives this form will not be liable if a payer fails to pay a debt to you when it is due or for a failure for any reason to effect a payer's instructions to credit your account:

Signed for and on behalf of the payee:

Name of authorised signatory: **Signature:** **Date:** D D M M Y Y

_____ _____

_____ _____ D D M M Y Y

If you have any questions please call 09 368 8688

Issued by The Hongkong and Shanghai Banking Corporation Limited, incorporated in the Hong Kong SAR, acting through its New Zealand branch.

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