Biller Payee Registration



Send this completed form to: Kiwibank Limited, Private Bag 39888, Wellington Mail Centre, Lower Hutt 5045. Attn: Enterprise Operations

Kiwibank Limited, Private Bag 39888, Wellington 5045

Bank use only													
Loaded by:	Today's date:					Checked by:				Today's date:			
1. Payee details			\bigcirc	A nev	v payee ((complet	te all se	ections)	◯ This	is a chai	nge to ar	n existin	g payee
Who will receive the payments?													
1. Company or Organisation name					4	4. Contact name / title							
2. Mail address					_ 5.	5. Phone numbers							
						Work							
						Mobile							
3. Type or nature of business (e.g. garage, etc)					_ 	6. Email address							
0.00					_								
2. Biller account details													
Please enter the details of the Bank				ill Pay									
What name should appear on the Bank Bill Payee list?					А 7 Г	Account number:							
Name					 Bo	ank Bro	anch	Acco	unt number		Suf	fix	
3. Payment Identification deta	ails												
Please describe the information that	t is require	ed to be	shown ir	n the c	orrespon	iding fiel	ds on y	your bank s	tatement	that wil	l allow yo	ou to ide	entify
and reconcile the payment received	d.												
Statement fields (max 12 characters	s) at least	one fiel	ld must k	oe spe	cified.								
Information you need e.g. customer	surname,	custome	er refere	nce nu	ımber								
Particulars		Code						Referen	ice				
Example of the format you would lik	e it to app	pear on	your sta	temen	t								
Payment validation requirements e.	g. check c	ligit rout	ine or al	gorith	ms. (Attac	h separate	ely if app	olicable)	Yes () No			
Example													
Particulars Customer Surname Code Customer In					nitials	tials Reference Customer Number							
$S \mid M \mid I \mid T \mid H \mid I \mid I$		$A \mid B$								5	7 1	0 . 7 .	2.6
[3 M 1 1 11			-]	/ 1	0 3	2 0
4. Authorisation													
By signing this authorisation you ag	gree that:												
The information contained in this	,		,			,		_			om the B	lank	
by virtue of this authorisation (AutAny dispute concerning payment											aver.		
 The Bank and Authorised Recipie 												reason	
whatsoever to effect the payer's in						. , ,				•	,		
Signed for and on behalf of the Pay	ee:												
Name of authorised signatory:			T	oday's	date			Signature					
Name of authorised signatory:			T	oday's	date			Signature					
							1						
If you have any questions please ca	II 0800 60	1 601.					•						

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