

## DIRECT DEBIT APPLICATION FORM



Section 1	Applicant						
Applicant Details	Full Name						
	Address						
	Telephone No	Home		М	lobile		
	Email						
	from my account at the	Bank or Fin	ancial Institution id	entified be	low, until further	rrange for funds to be debited r notice in writing. This agreement nent and to the below selections.	
Section 2 Property Details/AR Account							
Assessment /AR #	Assess No./AR#						
	Property Address						
Section 3	Financial Institution Details						
Account Details	Institution Name						
	Account Name						
	BSB No.		A	Account N	No.		
	Direct Debiting is not av Bank or Financial Institu		ome Bank or Financ	cial Instituti	ion accounts. If	in doubt, please refer to your	
Section 4 Direct Debit Payment Details							
Payment Details		<b>.</b> .					
	Please circle:	Rates Water Accounts Receivable					
	To be paid on the following basis:						
		arly (Rates only)  Quarterly  Fortnightly  Weekly				Wookh	
	Monthly Fortnightly Weekly  Please circle the day of the week you require the Direct Debit to take place:						
	Monday	Tuesday Wednesday Thursda				Friday	
	Amount \$	Commencement Date					
		your account has insufficient funds which prevent the above Direct Debit from occurring, a dishonour fee will I					
	charged on your account.  I/We will advise Council, in writing, of any amendments to this Authority and will not hold Council responsible for any action origing from my four net doing so						
Arrears	any action arising from my/our not doing so.  I/We give Council permission to withdraw the total amount of arrears with the first Direct						
	Debit payment (Yea	arly or Qua	rterly payment o	ptions o	nly)		
Section 5 Customer/s Consent							
Signature	<u> </u>			Date			
	Ø			Date			
Section 6	OFFICE USE ONL	Υ					
Entered & Scanned					Date		
Checked					Date		