



SOUTHERN MIDLANDS COUNCIL DIRECT DEBIT REQUEST FORM

Name		
Property Address		
Postal Address (If different from above)		
Contact Telephone	Day	Email

Details of the Account to
be debited (excludes
Credit Cards)

Name of Financial Institution & Branch

Account Type

In the Name of (Insert exact name(s) account held in)

BSB Number

Account Number

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Payment Details

First Payment Date

	/		/	
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Debit Amount (calculated from First Payment Date to
30 June in current financial year)

\$	
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Frequency of Debit (circle
one)

Week	Fortnight	Month	Instalment	In Full	Other _____
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Property ID

Property ID

Property ID

Customer Authority

By signing this form I/We acknowledge that I/We have read carefully and understand and accept the conditions referred to in the Direct Debit Request Service Agreement to which this application is attached.

I/We request and authorise SOUTHERN MIDLANDS COUNCIL, until this arrangement is cancelled or altered in writing, to arrange for funds to be debited from my/our nominated account through the Bulk Electronic Clearing System (BECS) at the financial institution shown above according to the schedule specified above.

I/We further authorise the Southern Midlands Council to arrange for the alteration of instalments payable in future years in accordance with any resolution of the Council in respect of rates, until such time as this arrangement is cancelled

I/We understand the amount of the instalments to be deducted from any financial year to another may be altered as a result of a resolution of the Council in respect of rates, as is the case with normal Council instalments, and I/We authorise the Council to make that alteration on my/our behalf.

Signature(s)

If debiting from a joint bank account, both signatures are required

Dated		/		/	20
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Office Use

Property ID

Processed By

Process Date

Mail Code (DD) ☐

Interest Policy ☐

Udef Field ☐