



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

-

Payment Details

First Payment Date

/ /

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

\$

Frequency of Debit (circle one)

Week Fortnight Month Instalment In Full Other _____

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, (user ID 143719) 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

Office Use

Property ID

Processed By

Process Date

Mail Code (DD)

Interest Policy

Udef Field