

DIRECT DEBIT REQUEST APPLICATION FORM

Please complete a separate Direct Debit Application Form for each property and return original(s) to City of Holdfast Bay

DETAILS OF APPLICANT

Name(s) of Property Owner(s):

Billing Number:

Valuation Number: (minimum 10 digits)

Which instalment would you like your deductions to start?

First Instalment

Second Instalment

Third Instalment

Fourth Instalment

First Instalment = July-Sept, Second Instalment = Oct-Dec, Third Instalment = Jan-Mar, Fourth Instalment = Apr-Jun

Please note payments will be deducted on the "Last Day To Pay" (eg. payments due on 03/09/18 will be deducted on 03/09/18).

ACCOUNT DETAILS

I/We authorise and request City of Holdfast Bay (User Id 401791) to debit my/our account below under the Bulk Electronic Clearing System (BECS) with any amount City of Holdfast Bay may debit or charge, subject to the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) as amended from time to time.

(Note: We do not accept Credit Cards).

Name of Bank or Financial Institution:

Branch Name:

Savings

Cheque

BSB Number (6 digits)

Account Number:

Name(s) of Account Holder(s)

Account Signature(s):

All signatories of account to sign the form

The account requires both signatures

Direct Debit is available from this account type

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(Note: We do not accept Credit Cards).

Your Name/s in full:

Phone Number:

Signature:

Date:

Your Name/s in full:

Phone Number:

Signature:

Date: