

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

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

YOUR AUTHORITY

By signing below I/We acknowledge I/We have read, understood and accepted the terms and conditions governing the Direct Debit arrangements as set out in the Direct Debit application form and the Direct Debit Request Service Agreement. I/We confirm that the details on this form have been checked and are correct.

DISCLAIMER

You must allow fourteen (14) days processing time before your Direct Debit arrangement can be implemented. It is your responsibility to ensure there are sufficient clear funds available in your bank account to allow a direct debit payment to be made in accordance with the Direct Debit application form. The City of Holdfast Bay will recover all fees and charges resulting from dishonoured or returned debits, as per our Direct Debit Service Agreement.

Your Name/s in
Full:

Daytime Phone Number:

Signature:

Dated:

Signature:

Dated: