



**WINGECARRIBEE
SHIRE COUNCIL**

RATES ACCOUNT

Direct Debit Request

**Request and Authority to debit the account named below to pay
Wingecarribee Shire Council**

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **Wingecarribee Shire Council [User ID 340330]** to arrange, through its own financial institution, a debit to your nominated account any amount **Wingecarribee Shire Council**, has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be debited

Name/s on account _____

BSB number (Must be 6 Digits) |__|__|__| - |__|__|__|

Account number |__|__|__|__|__|__|__|__|__|__|

Payment Details

At the following interval:

Please Tick

Monthly (last day of month). Please ensure the monthly direct debit amount will finalise the instalment amounts in full by the due date to avoid incurring interest.

The first debit may be made on ___ / ___ / ___ or

The amount to be debited to my account is:

\$ |__|__|__|__|__| - |__|__| _____
(amount in words)

Quarterly (amounts due on 31 August, 30 November, 28 February, 31 May) or

Yearly (amount due 31 August).

(If the debit day falls on a day that is not a banking day, direct debit will be processed on the following banking day)

Property Number: _____

Property Address: _____

Acknowledgment

By **signing and/or** providing us with a **valid instruction** in respect to *your* Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Wingecarribee Shire Council** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature:

Name:

Date:

Signature:

Name:

Date:

(*) if a joint account – all signatures required

(*) if a company account – sign and print the full name and your capacity for signing (e.g. Director)

Mailing Address _____

Would you like this address recorded as your address for Service of Notices? YES/NO

Contact number _____