



# WATER & SEWERAGE 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

Total Amount Due on the due date of my Water & Sewerage Notice

Monthly (last day of month). You should ensure that the monthly direct debit amount will finalise the notice 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)

(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** \_\_\_\_\_