

Warrumbungle Shire Council PO Box 191 COONABARABRAN NSW 2357 Phone: 02 6849 2000 Fax: 02 6340 2011 info@warrumbungle.nsw.gov.au www.warrumbungle.nsw.gov.au

Direct Debit Application Form

I/We authorise Warrumbungle Shire Council (the User) (User Id No. 062524) to arrange for funds to be direct debited from my account at the Bank or Financial Institution identified below, until further notice in writing. This arrangement is subject to the terms and conditions of the Direct Debit Request Service Agreement and to the below sections.

Section 1: Applicant Details						
Full Name						
Street No. & Name						
Town		State		Post Code		
Mobile		Home Phone				
Email Address		·				
Section 2: Property De	tails / AR Account					
Assessment / AR No.						
Property Address						
Section 3: Financial Ins	titution Details (Account Det	ails)				
Institution Name						
Account Name						
BSB	Account No.					
Direct Debiting is not available on some Bank or Financial Institution accounts. If in doubt, please refer to your Bank or Financial Institution.						
Section 4: Direct Debit Payment Details (Please complete all details for each option required)						
	□ Rates	□ Water		Accounts Receivable		
Direct Debit Amount	\$	\$		\$		
Frequency of Direct Debit	 Monthly Fortnightly Weekly Quarterly Yearly (rates only) 	Monthly F Weekly	ortnightly Quarterly	Monthly Fortnightly Weekly Quarterly		
Commencement Date						
If your account has insufficient funds which prevent the above Direct Debit from occurring, a dishonor fee will be charged on your account.						
I/We will advise Council, in writing, of any amendments to this Authority and will not hold Council responsible for any action arising from my/our not doing so.						
	e give Council permission to withdraw the total amount of arrears with the first Direct Debit payment arly or Quarterly options only).					
Section 5: Customer/s Consent						
Signature			Date			
Signature			Date			

Section 6: Council Use Only				
Entered and scanned by		Date		
Checked by		Date		