

DIRECT DEBIT REQUEST - Council Rates

Request and Authority to debit the account named below to pay City of Casey

Applications close 10th September



New Request

Alteration to existing authorisation

Request and Authority to Debit

Given Name or Company Name:

Surname or ACN/ARBN:

authorise and request the City of Casey - ID 303947 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Details of account to be debited

Name of Financial Institution

Branch Name

BSB - 6 digits

ACCOUNT NUMBER

Only available from cheques/savings accounts

ACCOUNT NAME

Payment details

The payment is for **COUNCIL RATES/CHARGES ONLY**

Property ID

Property Owner(s)

Property Address

Phone (Home)

Phone (Mobile)

Email Address

Payment Frequency

9 Monthly payments - 28th of each month (September - May)

The first debit will be made on **28th of September** and then at monthly intervals after that.

Amount

1/9th of the Yearly Rates and Charges as shown on the Annual Rate Notice.

Please note: A payment schedule will be supplied upon acceptance of application.

General

- 1 For all matters relating to the Direct Debit arrangements, the customer will need to contact the Council
Telephone: 03 9705 5200 Email: caseycc@casey.vic.gov.au PO Box 1000 Narre Warren VIC 3805
- 2 The Council will process a **dishonour fee of \$11 (inc. GST)** to your rates account on the following business day if the entire set amount is not available on the set date to cover bank fees and administration.
- 3 Failure to meet payment on more than ONE scheduled occurrence will cause the arrangement to be cancelled

Acknowledgement & Authorisation

By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the City of Casey as set out in this request and in your Direct Debit (DDR) Service Agreement

I/We authorise the following:

- 1 The Debit User (Council) to verify the details of the abovementioned account with my/our Financial Institution. The Financial Institution to release information allowing the Debit User (Council) to verify the abovementioned account details
- 2 That you debit my/our account in accordance with our Agreement until further notice in writing.

Signature(s)

Date

Please provide both signatures for joint accounts. If a company account, sign in accordance with authority for nominated account.

Return completed application via:

Mail to: PO Box 1000 Narre Warren Vic 3805

Email to: caseycc@casey.vic.gov.au