



# Kyogle Council

## Direct Debit Request Form

NEW REQUEST

AMENDMENT

### YOUR DETAILS

<b>Name/s</b> <small>(Surname or Company/Business name – as per account)</small>	
<b>Property Address</b>	
<b>Postal Address</b>	
<b>Telephone Number/s</b>	

### YOUR BANK ACCOUNT DETAILS

<b>Financial Institution</b>	
<b>Name of A/C Holder/s</b>	
<b>BSB Number</b>	____ - ____ - ____
<b>Account Number</b>	_____

### PAYMENT DETAILS

<b>Type of Direct Debit</b>	<input type="checkbox"/> <b>RATES</b>	<input type="checkbox"/> <b>DEBTOR</b>
<b>Assessment \ Account Number</b>	_____	_____
<b>Amount/s</b>	\$ _____	\$ _____
<b>Frequency</b>	<input type="checkbox"/> <b>Instalments</b> <input type="checkbox"/> <b>Fortnightly</b>	<input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Fortnightly</b>
<b>Date to Commence</b>	____ / ____ / ____	____ / ____ / ____

### ACKNOWLEDGEMENT

I/We understand and acknowledge that:-

- 1 The financial institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this request or any authority mandate.
- 2 The financial institution may, in its absolute discretion, at any time by notice in writing to us, terminate this request as to future debits.
- 3 The user may, by prior arrangement and advice to Council, vary the amount or frequency of future debits.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_