



# Kyogle Council Direct Debit Request Form

New Request  Amendment

## YOUR DETAILS

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

## YOUR BANK ACCOUNT DETAILS

Financial Institution
Name/s of A/C Holder/s
BSB Number                    _ _ _ - _ _ _
Account Number             _____

## PAYMENT DETAILS

Type of Direct Debit	<input type="checkbox"/> RATES/WATER	<input type="checkbox"/> DEBTOR
Assessment/ Account No.	_____	_____
Amount/s	\$ _____	\$ _____
Frequency	<input type="checkbox"/> Yearly <input type="checkbox"/> Instalments <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly
Date to Commence	__/__/__	__/__/__

## 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 us, vary the amount or frequency of future debits.

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

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

OFFICE USE ONLY	
Application No:	
Assessment No:	
Name ID:	
Name ID:	