

33 Goldie Street PO Box 348 SMITHTON TAS 7330 council@circularhead.tas.gov.au (03) 6452 4800 www.circularhead.tas.gov.au

DIRECT DEBIT REQUEST RATES

INDIVIDUAL DETAILS														
Surname: First Name(s):														
Property Address:														
Town:	Postcode:													
Postal Address (if different to above):														
Town:	Postcode:													
Phone:	Mobile: Email:													
BANK ACCOUNT DETAILS														
Name of Financial Institution:														
Account Name:	account Name:													
BSB and Account Number:		-		-										
SERVICE AGREEMENT	ΔΝΟ ΡΔΥΜΕΝ	NT OPTION	IS (PI	FΔS	F TIC	`K (ONF	BO	x ONI	ν)				
SERVICE AGREEMENT AND PAYMENT OPTIONS (PLEASE TICK ONE BOX ONLY)														
I/We request that you debit my/our account in accordance with our Agreement.														
a. One payment in full (with discount) as per Rates Notice End Date:														
b. Pay by three (3) instalments as per Rates Notice End Date:														
OR														
I/We request that	· · · · · · · · · · · · · · · · · · ·		in acc	ordai	nce w	ith	our A	Agree	ement	•				
Subject to the following conditions:														
c. Paying by regular instalments of: (Enter Amount) \$ Frequency: (Tick Box) Weekly Fortnightly Monthly														
Frequency: (Tick Box)		Weekly		For	tnigni	tiy		IV	iontni	У				
First and Final Payment Da	tes: From			to										
CUSTOMER AUTHORIT	Υ													
I/We Authorise the following:														
1. The council to verify the details of the above-mentioned account with my/our financial institution.														
The financial institution to release information allowing the council to verify the above-mentioned account details.														
This authorisation is to remain in force in accordance with the terms described in the Service Agreement														
Name/s														
Signature (1):	Signature (2)	gnature (2):						Date	::					
PID														
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Doc No: FW 17 027 1 Edition:	B Version:	5 Date	٥٠ كا	0/06/17	7 Offic	er.	RΔPΩ		Annroval	· DCs		Page	1 of 2	

Document Set ID: 384268 Version: 5, Version Date: 22/10/2021

DIRECT DEBIT REQUEST SERVICE AGREEMENT

- 1. The customer will be advised 14 days in advance of any changes to the Direct Debit arrangements.
- 2. For all matters relating to the Direct Debit arrangements the customer will need to:
 - Please contact our Revenue Officer on (03) 6452 4837 or
 - Visit the Circular Head Council offices or
 - Send written correspondence to PO Box 348 SMITHTON

Please allow 14 days for any amendments to take effect.

- 3. The customer should be aware that direct debiting is not available on all accounts and account details should be checked against a recent statement from the financial institution. If you are in any doubt, please check with your financial institution before completing this authority.
- 4. It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
- 5. If the due date for payment falls on a non-working day or Public Holiday, the payment will be processed on the next working day. If the customer is in any doubt, please contact council for further clarification.
- 6. If more than two (2) consecutive payments are returned, the Direct Debit will be cancelled.
- 7. All customer records and account details will be kept private and confidential to be disclosed only at the request of the customer or financial institution in connection with a claim made to an alleged incorrect or wrongful debit.
- 8. Penalties will be applied to any amount outstanding after the final instalment date.

Privacy Statement

The personal information on this form is required by Council for administrative purposes. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend or personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.circularhead.tas.gov.au or at the Council office.

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