RATE ACCOUNT
Direct Debit Request

Request and Authority to debit the account named below to pay
Wingecarribee Shire Council

Request and Authority to debit	**Your Surname or company name**_____ **Your Given names or ABN/ARBN** _____*"you"* request and authorise **Wingecarribee Shire Council [User ID 340330]** to arrange, through its own financial institution, a debit to your nominated account any amount **Wingecarribee Shire Council,** has deemed payable by *you.* This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and address of financial institution at which account is held	**Financial institution name**_____ **Address** _____ _____
Insert details of account to be debited	**Name/s on account** _____ **BSB number (Must be 6 Digits)** |___|___|___| - |___|___|___| **Account number** |___|___|___|___|___|___|___|___|___|
Acknowledgment	By ***signing*** *and/*or providing us with a ***valid instruction*** in respect to *your* Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and ***Wingecarribee Shire Council*** as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	☐ [The amount to be debited to my account is: $ |___|___|___|___|___| - |___|___| _____ (amount in words) At the following interval: Please Tick ☐ Monthly . The first debit may be made on ___ / ___ / ___ or ☐ Quarterly (on 31 August, 30 November, 28 February, 31 May) or ☐ Yearly (31 August). Property Number: _____
Insert your signature and address	**Signature** _____ (If signing for a company, sign and print full name and capacity for signing eg. director) **Address** _____ _____ **Date** ___ / ___ / ___ **Is this the current address for Service of Notices? YES/NO**