

DIRECT DEBIT REQUEST APPLICATION FORM

**Customer(s)
Authority**

Name of Customer(s) or company authorised signatories giving the Direct Debit Request

I/We

authorise
you

Name of Debit User

to arrange for funds to be debited from my/our account at the financial institution identified below. This authorisation is to remain in force in accordance with the terms described in the Service Agreement (page 2).

Signature

Date

Signature

Date

**Details
of the
Account to
be Debited**
*(all details
must be
supplied)*

Name of Financial Institution

Account Name

BSB Number

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Account No

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**Payment
Details**

This payment is for

Reference (eg rates
assessment number)

We/I request that you debit my/our account in accordance with our Agreement

Frequency of debit

(eg fortnight, yearly etc)

First payment date

Debiting details

1. Amount to be debited is based on the information you provide and authorise on the direct debit request form. Amounts debited are either based on:
 - the nominated amount (as detailed by the customer on the direct debit request form)
 - the amount specified on the rates assessment notice and frequency of debit nominated by you eg quarterly or yearly payment.
 - the annual rates assessment amount divided by frequency of debit eg weekly or monthly.
2. First payment date is nominated by the customer on the direct debit form.
3. Strathfield Council will implement the direct debit arrangements in accordance with this service agreement.
4. Changes to this agreement will result in this agreement being voided.
5. Subsequent changes will require a new agreement to be formed.
6. It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
7. 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.

Privacy Statement

The personal information requested on this form are required under the Local Government Act 1993 and will be used in connection with the requirements of this legislation. Access to this information is restricted to Council officers and other people authorised under the Act. Council is the agency, which holds this information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

Lodgement Information

Please return the signed and completed form to Strathfield Council, PO Box 120, STRATHFIELD NSW 2135, fax: (02) 9748 9900 or in person: 65 Homebush Road STRATHFIELD. For inquires call Council on (02) 9748 9999, website: www.strathfield.nsw.gov.au or email: council@strathfield.nsw.gov.au.

OFFICE USE ONLY

Completed forms should be forwarded to Council's Finance Section.