

## DIRECT DEBIT REQUEST APPLICATION FORM

### Customer(s) Authority

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

I/We

Name of Debit User

Authorise you **Strathfield Municipal Council**

*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

Daytime Contact Phone Number

### Details of the account and payments to be debited (all details must be supplied)

Name of Financial Institution

Account Name

BSB Number    -

Account No

This payment is for Property Address:

Council reference no:

Property Description: **Lot** **DP/SP**

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

Frequency of debit  Yearly  Quarterly

First payment date  /  /

## DIRECT DEBIT SERVICE AGREEMENT

### 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 based on the amount specified on the rates assessment notice and frequency of debit nominated by you eg.: quarterly or yearly payment.
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. Any direct debit payments being dishonoured will result in this agreement being voided and will require a new authorised agreement.
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

Personal information requested on this form is 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) 9764 1034 or in person: 65 Homebush Road Strathfield. For inquires call Council on (02) 9748 9999, website: [www.strathfield.nsw.gov.au](http://www.strathfield.nsw.gov.au) or email: [council@strathfield.nsw.gov.au](mailto:council@strathfield.nsw.gov.au).

### OFFICE USE ONLY

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