



Direct Debit Request

ABN 81 152 433 900

Please download this form to complete it electronically. If unable to complete electronically please print, sign and return to the City of Melville:

- *By email - com.rates@melville.wa.gov.au*
- *In person - 10 Almondbury Road, Booragoon WA 6154*
- *By post - City of Melville, Locked Bag 1, Booragoon WA 6954*

Property Owner Details

Your Surname or Company Name:

Your Given Names:

Assessment No.

ABN/ARBN (if applicable):

Property Address:

Postal Address:

Day Time Telephone No.

Email:

I/We authorise and request the City of Melville (user ID253734) to arrange for my/our account (as described in the schedule below) to be debited as specified below.

The Schedule

Details of account to be debited

Note: Direct Debiting is only available on a cheque or savings account.

Account in the name of:

Account held at:

Bank

Branch

BSB

Account No.

Account Holder Contact Information

(please provide if different to Property Owner)

Postal Address:

Phone No.

Email Address:

Frequency (please select):

Please note all payments are deducted on a Friday.

Weekly Fortnightly Monthly As per the rates four instalment plan
One off yearly payment by due date

Direct Debit to commence (for weekly, fortnightly or monthly payments):

Amount to be debited: Start Date

Direct Debit to expire:

Once outstanding balance is cleared Date When advised

Please note that if the "when advised" option is selected for the Direct Debit expiry, payments will continue for future year's rates.

Acknowledgement

I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.

Please ensure all account details are correct and that this request is signed by an authorised signatory of the account to be debited.

Please note: If the debiting account is in joint names then both account holders must sign below.

Name of bank account holder:

Signature of bank account holder: Date:

Name of bank account holder:

Signature of bank account holder: Date:

Direct Debit Service Agreement

SUBMIT

We collect your personal information to process your request in accordance with the standards set out in the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit our privacy page.