

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 Na	ame:
Assessment No.	
Your Given Names:	
ABN/ARBN (if applicable):	
Property Address:	
Postal Address:	
Day Time Telephone No.	
Email:	
	of Melville (user ID253734) to arrange for my/our account pelow) to be debited as specified below.
Det	The Schedule tails of account to be debited
Note: Direct Debiting is only availa	able 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 Pr	
Postal Address:	
Phone No.	Email Address:



Frequency (please	select). Please	note all paym	ents are dedu	cted on a Friday.		
Weekly	Fortnightly	Monthly	As per th	s per the rates four instalment plan		
One off yearly payment by due date						
Direct Debit to com	mence: (for we	ekly, fortnight	ly or monthly	payments)		
Amount to be debited:			Start Date			
Direct Debit to expir	re:					
Once outstanding balance is cleared Date			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.						
		Acknowle	dgement			
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 acco	ount holder:					
Signature of bank account holder:				Date:		
Name of bank acco	ount holder:					
Signature of bank account holder:				Date:		

SUBMIT