

**DIRECT DEBIT REQUEST**  
ABN 81 152 433 900

Customer Details in full

Assessment Number

I/We

\_\_\_\_\_  
(Ratepayer's Name)

\_\_\_\_\_  
(Ratepayers Name)

Property Address

\_\_\_\_\_

Postal Address

\_\_\_\_\_

Day Time Telephone No. \_\_\_\_\_

Authorise and request the City of Melville (user ID 253734) 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. If in doubt, check with your financial institution.

Account in the name of: \_\_\_\_\_

Account held at: Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Number: BSB \_\_\_\_\_ Account No. \_\_\_\_\_

Frequency (please select) Please note all payments are deducted on a Friday.

- weekly  fortnightly  monthly  as per the rates four installment plan  
 one off yearly payment by early payment date  one off yearly payment by due date

Date Direct Debit to commence: (for weekly, fortnightly or monthly payments) \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount to be debited: \$ \_\_\_\_\_

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 have read the Direct Debit Service Agreement and agree to its terms. (See overleaf)  
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.

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_