

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 _____