

Administration Centre: Level 2, 388 Hay Street, SUBIACO WA 6008

Postal address: PO Box 270, SUBIACO WA 6904

Phone: (08) 9237 9222 **Fax:** (08) 9237 9200

Email: city@subiaco.wa.gov.au

Website: www.subiaco.wa.gov.au

RATES DIRECT DEBIT REQUEST

Property ID: _____

Property: _____

Contact Person: _____
Name

Phone Numbers: _____
Home Work Mobile

Email Address: _____

I _____ authorise and request the City of Subiaco (User ID No: 069560), until further notice in writing or debt has been cleared, to arrange for my/our account to be debited as specified in the schedule below.

The Schedule

Details of accounts to be debited (all fields are required)

Please Note: 1). Direct debit is not available on all account types. If in doubt, please check with your financial institution.

2). We cannot direct debit a credit card.

3). \$54.60 Rates Adhoc instalment administration fee may apply

Account in the name(s) of _____

Account held at _____
(name and branch of institution)

BSB number _____ - Account number _____

Direct Debit to commence on: **Thursday** ____ / ____ / ____

(NB: All direct debits are scheduled for processing on **Thursdays**).

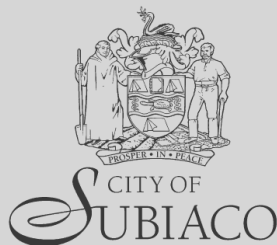
- ☐ Pay in full by annual notice due date ☐ Quarterly instalments by notice due date
☐ Monthly ☐ Fortnightly ☐ Weekly

Amount: \$ _____ or as shown on the annual notice (in full or instalments).

Direct Debit Request: ☐ **For Current Year only (ends June of that year)**
☐ **Ongoing Request – (authority valid until request is cancelled in writing)**

Acknowledgement

I/We have read the Agreement overleaf and agree to its terms.



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

- ☐ Debiting details as per the direct debit request form.
- ☐ Deductions are made from your nominated account on a Thursday and in accordance with the nominated date on your direct debit request.
- ☐ The City will give fourteen (14) days notice of any changes to the direct debit agreement.
- ☐ All matters relating to the direct debit agreement should be referred to the City's rates department on 9237 9244 or by visiting our offices at Level 2, 388 Hay Street, Subiaco.
- ☐ Please allow at least seven (7) days for the request and or amendments to take effect.
- ☐ All alterations to the agreement are required in writing addressed to the City of Subiaco.
- ☐ Bank Account details should to be checked against a recent statement from your financial institution.
- ☐ It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
- ☐ Interest will accrue on overdue rates and charges using the interest rate adopted by Council in the annual fees and charges budget.
- ☐ All customer records and account details will be kept private and confidential and be disclosed only at the request of the customer or financial Institution in connection with a claim made to an alleged incorrect or wrongful debit.
- ☐ If you believe that a drawing has been initiated or carried out incorrectly, in the first instance please take the matter up directly with the City of Subiaco on 9237 9244. The dispute must then be followed up in writing.
- ☐ On receipt of advice of any dispute the issue will be addressed and outcome advised within seven (7) working days.
- ☐ If you do not receive a satisfactory outcome contact your financial institution.

Please ensure all account details are correct and that this request is signed by the required number or authorised signatories.

Signature _____ Date / /

Signature _____ Date / /

OFFICE USE ONLY

RECOMMENDED BY: _____
COORDINATOR REVENUE SERVICES

AUTHORISED BY: _____
MANAGER FINANCIAL SERVICES

DATE: _____
DATE: _____