

TO BE COMPLETED BY RATEPAYER – Please use BLOCK LETTERS

Assessment Number :	<input style="width:95%;" type="text"/>
Property Address :	<input style="width:95%;" type="text"/>
Owner / Occupier 1: Date of Birth:
Mobile Phone Number: Phone No: (BH)
Email Address: Phone No: (AH)
Owner / Occupier 2 : Date of Birth:
Mobile Phone Number: Phone No: (BH)
Email Address: Phone No: (AH)
Preferred Payment Method – please tick	<input type="checkbox"/> 4 Instalments <input type="checkbox"/> 9 Instalments <input type="checkbox"/> Single Payment
Request & Authority to debit the account named opposite to pay Wodonga City Council	SURNAME OR COMPANY NAME : <input style="width:95%;" type="text"/> GIVEN NAMES OR ACN/ARBN: <input style="width:95%;" type="text"/> Request and authorise Wodonga City Council, Debit User ID379963 to arrange for an amount to be debited or charged to you through the Australian Payments Clearing Association (APCA) from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).
Insert the name and address of YOUR Financial Institution where the account is held	FINANCIAL INSTITUTION NAME: <input style="width:95%;" type="text"/> ADDRESS: <input style="width:95%;" type="text"/>
Insert details of YOUR account to be debited. If you have any queries in relation to your BSB and account numbers, please contact your Financial Institution	NAME ACCOUNT HELD IN : <input style="width:95%;" type="text"/> BSB NUMBER : <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> ACCOUNT NUMBER : <input style="width:95%;" type="text"/> ** Please note this facility is not available for Credit Cards **
Acknowledgement	The debits will be made in accordance with the dates set out on council’s Valuation and Rate Notice or official letterhead advice. You may change, alter or cancel the arrangements made under a Direct Debit request by advising WODONGA CITY COUNCIL in writing within seven (7) days prior to the next debit day. By signing this Direct Debit request you acknowledge having read and understood the terms and conditions governing the debit arrangement between YOU and WODONGA CITY COUNCIL, as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	SIGNATURE : <input style="width:95%;" type="text"/> (if signing for a company, sign and print full name and capacity for signing, eg Director) ADDRESS : <input style="width:95%;" type="text"/> DATE : <input style="width:30%;" type="text"/>

Office Use Only		
Date Entered:	Entered By:	File Number: A10.0181