

CITY OF WODONGA Rates direct debit request and agreement



In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

To be completed by the account holder - Please use BLOCK LETTERS

Assessment number:	
Property address:	
Owner/occupier one:	Phone (home):
Date of birth:	Phone (work):
Email address:	Mobile:
Owner/occupier two:	Phone (home):
Date of birth:	Phone (work):
Email address:	Mobile:
Preferred payment method - please tick	<input type="checkbox"/> Four instalments <input type="checkbox"/> Nine instalments
Request and authority to debit the account named opposite to pay Wodonga City Council	Surname or company name:
	Given name or ACN/ARBN:
	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 <i>Direct Debit Request Service Agreement</i> (and any further instructions provided below).
Insert the name and address of your financial Institution where the account is held	Financial institution name:
	Address:
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:
	BSB number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	Account number:
	<i>PLEASE NOTE: This facility is not available for credit cards.</i>
Acknowledgement	<p>The debits will be made in accordance with the dates set out on the council's rates notice or official letterhead advice.</p> <p>You may change, alter or cancel the arrangements made under a direct debit request by advising Wodonga City Council by email or in writing within seven (7) days prior to the next debit day.</p> <p>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 'Direct Debit Request and Service Agreement'.</p>
Insert your signature and address	Signature:
	(If signing for a company, sign and print full name and capacity for signing, for example, director)
	Address:
	Date:

OFFICE USE ONLY

Assessment number:	Date entered/initials:	File number: A10.0181
--------------------	------------------------	-----------------------