



# WOLLONDILLY SHIRE COUNCIL

62-64 Menangle Street Picton  
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OFFICE USE ONLY:
Assess No. ....
Officer .....
Entered .....

## DIRECT DEBIT REQUEST

Request and authorise Wollondilly Shire Council - 22794 to arrange for rates and charges or sundry debts to be direct debited through the Bulk Electronic Clearing System from the 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.

### SECTION 1: RATEPAYER / DEBTOR ACCOUNT NAME

Full Name (s): .....

Company Name: .....

Postal Address: .....

### SECTION 2: PROPERTY / ACCOUNT DETAILS

Assessment Number: .....

Property Address: .....

OR

Debtor Account Number: .....

### SECTION 3: BANK ACCOUNT DETAILS

Account Holder's Name: .....

BSB Number 

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Account Number 

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Financial Institution:.....

Branch Address: .....

### SECTION 4: DIRECT DEBIT PAYMENT OPTIONS

Annual Rates (31<sup>st</sup> Aug)                       Quarterly Rate Instalments (31<sup>st</sup> Aug, 30<sup>th</sup> Nov, 28<sup>th</sup> Feb & 31<sup>st</sup> May)

(Notice of Annual & Quarterly amounts will be provided on Rates and Charges or Instalment Notices at least one (1) month prior to the due dates)

OR

**Council will accept weekly, fortnightly & monthly payments but if the quarterly instalments are not paid by the due date interest charges will apply on the overdue amount. It is your responsibility to regularly review your deductions to ensure that the instalments are paid by the due dates.**

**Payments will be deducted on FRIDAYS commencing from the FRIDAY on or after the specified start date.**

Weekly Payments                      Amount \$ .....                      Payment Start Date: ...../...../.....

Fortnightly Payments                      Amount \$ .....

Monthly Payments                      Amount \$ .....

### SECTION 5: APPLICATION DECLARATION

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the direct debit agreement between you and Wollondilly Shire Council as set out in this request and in your Direct Debit Service Agreement.

Applicant Name:..... Applicant Signature:.....

*(If signing for a company, sign & print full name & capacity for signing, eg Director)*

Date: ..... Telephone: .....