

# DIRECT DEBIT REQUEST – CUSTOMER AUTHORITY



Please complete this form to arrange and authorise funds to be debited from your account at the financial institution as listed and prescribed below through the Bulk Electronic Clearing System (BECS) with Dubbo Regional Council.

This authorisation is to remain in force in accordance with the terms described in the Dubbo Regional Council Direct Debiting Service Agreement (please see last page of this form).

APPLICANT DETAILS	
<b>Name of customer(s) giving the Direct Debit Request</b>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify:
Name of customer(s) giving the Direct Debit Request	
Date of Birth <i>Optional</i>	
Residential Address <i>Include City, State &amp; Postcode</i>	
Postal Address <i>Include City, State &amp; Postcode</i>	
Contact Number	
Email Address	

PROPERTY DETAILS					
<b>Details of property to be credited (please complete a separate application form for each rate assessment you wish to be credited)</b>					
Rate Assessment Number					
Lot No		DP/SP No		House Number	
Street/Road					
Town		State		Postcode	

FINANCIAL INSTITUTE DETAILS	
<b>Details of account to be debited</b>	
Financial Institution Name	
Full Name of Account	
BSB	
Account number	

PAYMENT DETAILS	
Type of Payment	
<input type="checkbox"/>	For payment of Quarterly Instalment amounts as they fall due
<input type="checkbox"/>	For Periodic Payments
Frequency of Payment	
<input type="checkbox"/>	Weekly (Thursday/Friday only)
<input type="checkbox"/>	Fortnightly (Thursday/Friday only)
<input type="checkbox"/>	Monthly (15 <sup>th</sup> or End of Month only)
First Payment Date	
Payment Amount	
<input type="checkbox"/>	Do not allow credit payments (excludes Quarterly Instalment payments) Period Payments will continue as per nominated Frequency of Payment unless box ticked. Builds credit balance to apply to next quarterly rate instalments.

APPLICANT SIGNATURE*	
<b>I/We have read and accepted the Direct Debit Service Agreement Terms and Conditions and authorise Council to debit funds for payment of rates from the Financial Institution as nominated on this form.</b>	
Signature	
Print Name	
Date	

\*If you are not the registered owner as per the rate notice (e.g. notice under maiden or business name) or you are authorised to act on a ratepayers behalf, please provide supporting documentation (e.g. Marriage Certificate, Power of Attorney, ASIC details).

**PRIVACY NOTE:**

Council is bound by the provisions of the Privacy and Personal Information Action 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website [www.dubbo.nsw.gov.au](http://www.dubbo.nsw.gov.au)

OFFICE USE ONLY			
<input type="checkbox"/>	New Application	<input type="checkbox"/>	Amended Application
<input type="checkbox"/>	Amount Change	<input type="checkbox"/>	Bank Details Change

## Direct Debit Service Agreement Terms and Conditions

**I/We** understand that the Debit User will issue to the customer an Instalment Notice at least 30 days prior to the due date for each Rates and Charges Instalment. This notice will advise the customer that, on the due date, the Total Amount Due as shown on the instalment notice will be deducted from the account that you have nominated or a periodic direct debit is in place.

**I/We** understand if the due date falls on a weekend, bank holiday, or public holiday the payment may not be deducted until the first working date after the due/nominated date.

**I/We** will ensure that sufficient funds are available in this account to permit the payment of this debit item.

**I/We** understand that, if there are insufficient funds in the account and the Debit Item is returned unpaid, the Debit User will apply any fees which the banking institution has charged in relation to the returned Debit Item, and in addition, will charge a returned direct debit fee as listed in Council's Fees and Charges. These fees will be added to the next rates and charges instalment.

**I/We** will notify the Debit User if the debit arrangement is to be deferred, or altered in any way or of cancellation of the debit agreement at least 10 working days before payment is due. This notification must be referred in writing to the Debit User, or by means of completing the required Cancellation of Debit Agreement form, available from Dubbo Regional Council's website or by completing the online Cancellation request on DRC&ME.

**If, as the customer**, you wish to dispute any Debit Item, please direct your inquiry to the Debit User. If the dispute cannot be resolved, it may be necessary for you to direct the query to the nominated Financial Institution.

If you dispute any amount billed, please notify the debit user at least 5 working days prior to the payment date. Any disputed amount will not be debited to your account until such time as the dispute is resolved.

**I/We, the customer**, have checked the account details given on the front side of this form against a recent statement issued by the nominated Financial Institution and verify these to be correct.

**The Debit User** will ensure that all information supplied in accordance with this agreement is Confidential and will not disclose this information to any other party.

**I/We** understand, however, that it may be necessary for the Debit User to provide my/our account details to the nominated Financial Institution in connection with any dispute being made on a debit item relating to this agreement.

**I/We** understand that electing to pay rates by periodical Direct Debit payments is not an automatically accepted payment arrangement plan should there be arrears on the rate assessment. Should a payment arrangement plan be required **I/We** understand that the Debit User must be contacted to request a payment arrangement plan.

### **I/We authorise the following:**

1. The Debit User to verify the details of the nominated account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the above-mentioned account details.