



BYRON SHIRE COUNCIL

DIRECT DEBIT REQUEST



I/We _____
 Postal Address _____
 Telephone No. () _____

Authorise you (Byron Shire Council User ID No 069853) to arrange for funds to be debited from my/our account at the financial institution identified in Schedule 1 below, and, if provided, according to the details specified in schedule 2.

This authorisation is to remain in force in accordance with the terms described in the 'Direct Debit Request Service Agreement'. **Refer Service Agreement (over page)**

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Byron Shire Council as set out in this Request and the Direct Debit Request Service Agreement (over page).

Customer's Signature(s) _____
 Date ____ / ____ / ____

Schedule 1: Details of the Bank Account to be Debited

(All of the details for schedule 1 must be supplied)

Name of the financial institution: _____
 Address of financial institution: _____

Bank Account in Name of (*full names*)

(Given Name(s))	(Surname(s) or company/Business)
BSB No. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Bank Account No. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Schedule 2: Payment Detail

Address of Property											
Assessment No.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
RATES Frequency of Debit (<i>Tick required box</i>)	<input type="radio"/> Quarterly Instalments <input type="radio"/> Annually (total annual amount debited 31 August) <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly (Quarterly payments will be debited on the due date displayed on quarterly accounts/instalments)										
Amount of Debit	\$ _____										
First Payment Date	____ / ____ / ____ (All direct debits will be processed on a Thursday)										
WATER Frequency of Debit (<i>Tick required box</i>)	<input type="radio"/> Quarterly Instalments <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly (Quarterly payments will be debited on the due date displayed on quarterly accounts/instalments)										
Amount of Debit	\$ _____										
First Payment Date	____ / ____ / ____ (All direct debits will be processed on a Thursday)										



DIRECT DEBIT SERVICE AGREEMENT



TERMS AND CONDITIONS FOR DIRECT DEBIT

PLEASE READ THIS FORM BEFORE COMPLETING THE DIRECT DEBIT REQUEST FORM OVER THE PAGE.

1. This agreement is between the Direct Debit User (Byron Shire Council User ID No 069853) and you (the Customer). We undertake to periodically debit your nominated account for the agreed amount for your rates and charges. All notices for rates and charges will continue to be issued in accordance with the provisions Section 546 of the Local Government Act, 1993.
2. Council will provide a minimum of fourteen (14) days notice to change the terms of this arrangement.
3. A copy of your Direct Debit Request will be made available to you upon your written request.
4. Customers may defer or alter the drawing schedule with a minimum of five (5) days notice. *Refer Item 13*
5. Customers may stop an individual debit with a minimum of five (5) days notice. *Refer Item 13*
6. Customers may suspend or cancel the Direct Debit Request with a minimum of (5) days notice. *Refer Item 13*
7. Any disputed transaction should be referred to the Council. An explanation will be supplied promptly. *Refer Item 13*
8. Any debit due to be drawn on a non-business day will be drawn on the next business day.
9. It is the responsibility of the customer to ensure that the nominated account can accept Direct Debits.
10. It is the responsibility of the customer to ensure that **CLEAR** funds are available in the account on any due date.
11. Any debit, which is dishonoured, will be reversed from the rate account and a dishonour fee will be charged to the Customer's rates and charges account. The current dishonour fee charged by Council is \$14.00 but may vary from time to time according to Council's fee structure.
12. All customer information will be confidential, except as required by Council's sponsor financial institution and by law.
13. All enquiries regarding this Direct Debit Request are to be referred to Council's Rates Department by phoning (02) 6626 7000 between 8.30am and 4.30pm Monday to Friday.

Please return completed form to:

The General Manager
Byron Shire Council
PO Box 219
MULLUMBIMBY NSW 2482