



Young Shire Council

Direct Debit Authority Amendment/Cancellation

Date: _____

General Manager
Young Shire Council
Locked Bag 5
YOUNG NSW 2594

Dear Sir

RE: RATES / WATER

ASSESSMENT NO: _____

PROPERTY ADDRESS: _____

I, _____

of _____

wish to

- cancel
- increase from \$_____ to \$_____
- decrease from \$_____ to \$_____
- temporarily suspend as at _____ and restart _____

my direct debit arrangements with Young Shire Council effective _____
(Date)

(Signature)

(Signature)

Print Name

Print Name

Contact number

Contact number