ABN: 92613026544

Direct Debit Request Form

(From savings or cheque accounts only)

Request and Authority to debit the account named below to pay Young Shire Council

Request and Authority to Debit	**Surname or Company Name:** _____ **Given Names or CAN/ARBN**: _____ **("you")** Request and authorise Young Shire Council (user id 301668) to arrange, through its own financial institution, for any amount Young Shire Council may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to Young Shire Council, subject to the **terms and conditions** of the **Direct Debit Request Agreement** {and any further instructions provided below}.
Insert the name and Financial institution at which the account is held	**Financial Institution Name:** _____
Insert details of account to be debited	**Account held in the name of**: _____ **BSB Number:** ☐☐☐-☐☐☐ **Account Number:** ☐☐☐☐☐☐☐☐☐☐☐☐ ****If debiting from a joint account – both signatures are required on this form****
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Young Shire Council as set out in the Request and in your Direct Debit Request Service Agreement. I/We will also advise Council of the cancellation of this authority and will not hold the Council responsible for any action arising from my/our not doing so.
Payment Details for Rates Accounts Only	The minimum amount to be debited at any one time is **$30.00** The maximum amount to be debited is $ ☐☐☐☐.☐☐ The first debit may be made on (1st available Friday) ☐☐/☐☐/☐☐ and at weekly ☐ fortnightly ☐ monthly ☐ quarterly ☐ annually ☐ **(Last Friday in the month)** **Rate Assessment Number:** ☐☐☐☐☐-☐☐☐☐☐☐☐☐-☐ **Rate Assessment Number:** ☐☐☐☐☐-☐☐☐☐☐☐☐☐-☐ **Rate Assessment Number:** ☐☐☐☐☐-☐☐☐☐☐☐☐☐-☐
Payment Details for Water Accounts Only	**Quarterly on the Due Date only** The maximum amount to be debited at any one time is the amount billed ☐ Water Account Number ☐☐☐☐☐ - ☐☐☐☐☐☐☐☐ - ☐ Water Account Number ☐☐☐☐☐ - ☐☐☐☐☐☐☐☐ - ☐
Insert your signature/s and address	Customer Signature (s) _____ _____ **(if signing for a company, sign and print full name and capacity for signing eg.Director)** **Address:** _____ **Date:** _____ **Contact Number:** _____