Direct Debit Application Form-Rates

FOR EASY-WAY CUSTOMERS

Please complete this form and return it to:

Banyule City Council
PO Box 51
IVANHOE VIC 3079
Enquiries@banyule.vic.gov.au
www.banyule.vic.gov.au

Telephone 03 9490 4222
Facsimile: 03 9499 9475
DX: 97904 Ivanhoe

GREENSBOROUGH	IVANHOE	ROSANNA
9 –13 Flintoff Street Normal Council Hours Of Opening 8.30am-5.00pm Monday to Friday 9.00am-12.00 Noon Saturday	275 Upper Heidelberg Road Normal Council Hours of Opening 8.30am-5.00pm Monday to Friday	44 Turnham Avenue Normal Council Hours of Opening 8.30am-5.00pm Monday, Tuesday, Thursday & Friday 8.30am –7.00pm Wednesday

Rates Assessment Number _____

NAME (1) _____ (2) _____

PROPERTY ADDRESS _____ Postcode: _____

PHONE NUMBER (h) _____ (w) _____

DATE OF BIRTH (1) ____/____/____ (2) ____/____/____

PAYMENT OPTIONS: **CUSTOMERS PLEASE COMPLETE THIS SECTION**
(Cross Option)

☐ Easy Way Fortnightly (Fridays) Payment Amount $_____

OR

☐ Easy Way Monthly (15th or 28th of the month) Start date _____

Direct Debit to remain ongoing ☐ **Cancel Direct Debit after Rates Paid in Full** ☐

BANKING DETAILS

Your Bank/Credit Union _____

Address of Bank/Credit Union where account is held _____ Postcode: _____

BANK ACCOUNT DETAILS THE SCHEDULE
(Credit Cards cannot be Accepted)

Name your account is held in _____
(ie. Mr I Citizen / Citizen Toys Pty Ltd)

BSB No. | | | | - | | | | Account No. | | | | | | | | | |
(If unsure please contact your Bank/Credit Union)

Information collected from you is required for the delivery of Council services and/or legal and statutory requirements. Council respects all personal and confidential information you give and will do everything possible to protect information from unauthorised access, loss or misuse.

I/We understand that the information provided above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge. I/We request that Banyule City Council (017280) directly debit the payment amount from the above Bank Account. I/We understand that we may cancel this Direct Debit authority at any time by notifying Council in writing.

I/We understand and acknowledge that the financial institution may in its absolute discretion:

1. Determine the order of priority of payment by it of any moneys pursuant to this request or any authorities or mandate.
2. Terminate this request at any time by notifying me in writing.

Where a payment falls on a non-business day such as a public holiday or weekend the payment will be deducted the following business day. It is the responsibility of the ratepayer to ensure that funds are available.

Signature/s (1) _____ Date _____

(2) _____ Date _____

(If joint account, both signatories must sign)