

Direct Debit Request Form

Property Details

Owner's Name: _____
Property Address: _____
Phone Number: _____
Email Address: _____
Assessment Number: _____

Bank Account to Be Debited

Name of Bank/Financial Institution: _____
BSB: _____ Acc. #: _____
Name of Account Holder: _____

Direct Debit Request

Amount to Be Debited: \$_____ Commencement Date: _____
Frequency of Direct Debit: Fortnightly Monthly

Terms & Conditions:

- I/We authorize the Shire of East Pilbara to debit the nominated account as set out above.
- It is my responsibility to ensure there is sufficient funds in the account before my Direct Debit is scheduled.
- I agree to pay the Direct Debit Request Application Fee of \$50 and am aware interest will continue to accrue.
- After one (1) payment default, the Shire of East Pilbara may cancel the Direct Debit Request and any amount outstanding will become due for payment immediately and the Shire of East Pilbara may commence with legal action.
- If there are any changes to my details or to cancel my Direct Debit Request, I will notify the Shire of East Pilbara in writing.

Signature of Account Holder

Name

Date