



401 Greenhill Road, Tusmore SA 5065

Telephone: 08 8366 4200

Direct Debit Request

Request and Authority to debit the account named below to pay City of Burnside

Request and Authority to debit

Your Surname _____

Your Given names _____ "you"

request and authorise *City of Burnside (User ID 402578)* to arrange, through its own financial institution, a debit to your nominated account any *amount City of Burnside* has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial Institution Name _____

Address _____

Insert details of account to be debited

Account Name _____

BSB Number (Must be 6 Digits) |_|_|_|_|_| - |_|_|_|_|_|

Account Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By *signing and/or* providing us with a *valid instruction* in respect to *your* Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and *City of Burnside* as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

The first debit of quarterly rates plus any outstanding amounts will be made 3 working days prior to the next quarterly rates instalment falling due and then 3 working days prior to each subsequent rates instalment falling due.

Insert your signature, address and billing number of your property for this request.

Signature/s _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Position (if applicable) _____

Company (if applicable) _____

Address _____

Billing Number _____ **Billing Number** _____

Phone Number _____ **Date** ___ / ___ / ___