

## DIRECT DEBIT REQUEST FORM

Office Use:     DDW         DD1         DD2         DDM         DDI         DDA

**1. CUSTOMERS REQUEST TO DIRECT DEBIT**

Names/Company Name: \_\_\_\_\_

I / We request Inverell Shire Council (119851) to arrange for funds to be debited from my account at the Bank or Financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and subject to one or more of the following conditions.

<u>RATES ACCOUNT</u>	<u>WATER ACCOUNT</u>
Please tick <u>one</u> direct debit type only	Please tick <u>one</u> direct debit type only
<input type="checkbox"/> Total Rates Due (Yearly – 31 <sup>st</sup> August)	<input type="checkbox"/> Water usage account as due
<input type="checkbox"/> Rate Instalment	<input type="checkbox"/> Weekly, commencing on * ___/___/___
<input type="checkbox"/> Weekly, commencing on * ___/___/___	<input type="checkbox"/> Fortnightly, commencing on * ___/___/___
<input type="checkbox"/> Fortnightly, commencing on * ___/___/___	<input type="checkbox"/> Monthly ( <i>Last working day of the month</i> )
<input type="checkbox"/> Monthly ( <i>Last working day of the month</i> )	
Payment Amount:    \$ _____	Payment Amount:    \$ _____
Amount in Words:    _____	Amount in Words:    _____
Rates Assessment Number: _____	Water Assessment Number: _____
<i>*Please nominate a date on a Friday</i>	<i>*Please nominate a date on a Friday</i>

Property Address: \_\_\_\_\_

This deduction will remain in place until cancelled by the signatory or Council, alternatively specify an end date.

**2. DETAILS OF ACCOUNT TO BE DEBITED (ALL DETAILS MUST BE SUPPLIED)**

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_  
*(Eg. Mr Smith or J.L Smith)*

BSB: \_\_\_ \_\_\_ \* \_\_\_ \_\_\_ Account No: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ (Max 9 Digits)

**3. AUTHORISATION DETAILS ( COMPLETE APPLICABLE DETAILS )**

By Signing this Direct Debit Request Form, Inverell Shire Council (119851) is requested to debit my / our account in accordance with the Direct Debit Request Service Agreement.

Signature(s): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

## **DIRECT DEBIT REQUEST SERVICE AGREEMENT**

This Direct Debit Request (DDR) Service Agreement is issued by Inverell Shire Council.

### **1. Direct Debit Obligations (Contact ph: (02) 67 288 201)**

- 1.1 By signing the Direct Debit Request, you have requested Inverell Shire Council (119851) to arrange for funds to be debited from your Bank Account. We will act only on your instructions.
- 1.2 We will only arrange for funds to be debited from your account as requested in the Direct Debit Request.
- 1.3 Council may vary the arrangement of this Direct Debit Request Service Agreement by giving at least seven (7) days notice in writing to Customers.
- 1.4 We will maintain strict control over the information you provide. Council will keep any information pertaining to your Direct Debit Request and financial institution account details, private and confidential.
- 1.5 You may at your discretion cancel the Direct Debit Request or change your nominated account by simply giving at least seven (7) days notice to Council before payment is due.

### **2. Your Rights**

- 2.1 Customers may elect to stop an individual debit, defer, suspend or change the direct debit arrangements under this request at any time by giving at least seven (7) days notice to Council.
- 2.2 Council will issue a notice to you at least fourteen (14) days prior to each due date. The notice will detail the amount owing at the date of issue of the notice.

### **3. Our Commitment to you**

- 3.1 Where the date falls on a non-business day, we will draw the amount on the next business day.
- 3.2 Council will not change the amount or frequency of the direct debit arrangement without your prior approval.
- 3.3 Council reserves the right to cancel the payment by Direct Debit if three (3) separate drawings are returned unpaid by your bank or nominated Financial Institution.
- 3.4 We request that customers ensure their nominated bank account can accept direct debits by contacting their Bank or Financial Institution.

### **4. Your Commitment to Council**

- 4.1 It is your responsibility to ensure that sufficient funds are available in the nominated account to meet direct debit payments. If direct debit payments are returned unpaid by your nominated Bank or Financial Institution, Council may charge interest on overdue rates and charges and recover any fees incurred.
- 4.2 You should check that your account details are true and correct by verifying the account details against a recent account statement.
- 4.3 It is your responsibility to advise Council if the account nominated by you is transferred or closed.
- 4.4 You will need to arrange a suitable payment method if the Direct Debit Request is cancelled.
- 4.5 Any direct debit complaints or disputes should be directed in the first instance to Inverell Shire Council, so that we can resolve your query as soon as possible – Ph: ( 02) 67288 201.

### **5. Resolution of Complaints or Disputes**

- 5.1 Inverell Shire Council will investigate and deal promptly and in good faith with any query, claim or complaint relating to alleged or wrongful debits. We will respond to any complaint within seven (7) days. The bank or financial institution will be advised to reverse any transactions found to be incorrectly debited.
- 5.2 If a dispute is unresolved the customer may contact their bank or financial institution to seek a resolution.