
WATER RATES PAYMENT ARRANGEMENT APPLICATION

Name:

Rated Address:

Postal Address:

Home Phone: Mobile:.....

Work Phone: Place of Employment:

Please specify who you bank with on a regular basis:

Water Assessment Number: Balance Outstanding: \$.....

I hereby wish to make an application to repay the above mentioned balance in the following manner, subject to the conditions set out hereunder.

Arrangement Made:

An amount of \$..... will be paid to Council each Week Fortnight

This payment will be made to Council by:

Cash/Eftpos Direct Debit Bpay Centerpay

This arrangement will commence on..... (Enter start date) and shall continue at the same frequency until the above outstanding amount is paid.

Conditions of Arrangement:

- Each payment must be made on or before the due date.
- All current installments must be paid on or before the due date.
- In the event the arrangement is not maintained, the water at the above mentioned property will be disconnected and the full account will need to be finalised, along with a reconnection fee that will be charged before the service is restored. If this action is taken no further arrangements will be negotiated. In the event that you are unable to maintain this arrangement, please notify Council to discuss your options.

I understand and accept these conditions and agree to the outlined payment schedule.

Name Date

Signature