Maroondah City Council
Direct Debit Request

Request and Authority to debit the account named opposite to pay Maroondah City Council	**Your surname or company name**_____ **Your given names or ABN/ARBN** _____ '*you'* Request and authorise **Maroondah City Council, Debit User ID 410988** to arrange, through its own financial institution, a debit to your nominated account any amount **Maroondah City Council** 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 YOUR financial institution at which account is held	**Financial institution name:**_____ **Address:** _____ _____
Insert details of YOUR account to be debited. If you have any queries in relation to your BSB and Account Numbers, please contact your Financial Institution	**Name/s on account:** _____ **BSB number:** **(Must be 6 digits)** |___|___|___| - |___|___|___| **Account number:** |___|___|___|___|___|___|___|___|___|
Acknowledgment	By signing this Direct Debit request you acknowledge having read and understood the terms and conditions governing the debit arrangement between **YOU and MAROONDAH CITY COUNCIL,** as set out in this Request and in your Direct Debit Request Service Agreement. The debits will be made in accordance with the dates set out on Council's Rate and Valuation Notice or official letterhead advice. You may change, alter or cancel the arrangements under a Direct Debit request by advising Maroondah City Council in writing at least fourteen (14) days prior to the next debit day.
Insert your signature and address	**Signature:** _____ (If signing for a company, sign and print full name and capacity for signing eg. Director) **Address:** _____ _____ **Date:** ___ / ___ / ___
Please indicate:	☐ Property owner ☐ Occupier/Ratepayer
Payment schedule	☐ 9 instalments ☐ 4 instalments ☐ In full

Assessment number: _____	**Tel:** _____**BH**
Property owner/s: _____	**Tel:** _____**AH**
Property address: _____	**Mob:** _____
_____	**Email:** _____
	Date of Birth: _____

RETURN TO: Maroondah City Council. PO Box 156, Ringwood 3134