



# Maroondah City Council Direct Debit Request Authority

<b>Request and Authority to debit the account named opposite to pay Maroondah City Council</b>	<p>Your surname or company name _____</p> <p>Your given names or ABN/ARBN _____ 'you'</p> <p>Request and authorise <b>Maroondah City Council, Debit User ID 410988</b> to arrange, through its own financial institution, a debit to your nominated account any amount <b>Maroondah City Council</b> has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>
<b>Insert the name and address of YOUR financial institution at which account is held</b>	<p><b>Financial institution name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p>
<b>Insert details of YOUR account to be debited.</b> <small>If you have any queries in relation to your BSB &amp; Account Numbers, please contact your Financial Institution</small>	<p><b>Name/s on account:</b> _____</p> <p><b>BSB number:</b> (Must be 6 digits)  __ __ __  -  __ __ __ </p> <p><b>Account number:</b>  __ __ __ __ __ __ __ __ __ </p> <p><i>Direct Debit from Credit Card cannot be accepted</i></p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;"> <b>IMPORTANT:</b>  Please confirm with your bank that your account will accept electronic transactions. </div>
<b>Acknowledgment</b>	<p>By signing this Direct Debit request you acknowledge having read and understood the terms and conditions governing the debit arrangement between <b>YOU and MAROONDAAH CITY COUNCIL</b>, as set out in this Request and in your Direct Debit Request Service Agreement.</p> <p>The debits will be made in accordance with the dates set out on Council's Rate and Valuation Notice or official letterhead advice.</p> <p>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.</p>
<b>Insert your signature and address</b>	<p>Completed in your capacity as <input type="checkbox"/> Property owner <input type="checkbox"/> Occupier/Ratepayer</p> <p><b>Signature:</b> _____  <small>(If signing for a company, sign and print full name and capacity for signing eg. Director)</small></p> <p><b>Address:</b> _____</p> <p><b>Date:</b> ___ / ___ / ___</p>
<b>Payment schedule</b>	<p><input type="checkbox"/> 9 instalments <input type="checkbox"/> 4 instalments <input type="checkbox"/> In full</p>
<b>Assessment number:</b> _____ <b>Property owner/s:</b> _____ <b>Property address:</b> _____ _____	<p><b>Tel:</b> _____ <b>BH</b></p> <p><b>Tel:</b> _____ <b>AH</b></p> <p><b>Mob:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Date of Birth:</b> _____</p>

DO NOT EMAIL THIS FORM. THE SIGNED ORIGINAL MUST BE RETURNED TO:  
**Maroondah City Council. PO Box 156, Ringwood 3134**