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| /Volumes/WIP/Maroondah City Council/MCC18620 Maroondah Corporate Letterhead/Finished Art/Word Template/Images/MCC Logo.jpg Maroondah City CouncilDirect Debit Request | | |
| **Request and Authority to debit** | Your Surname or company name   Your Given names or ABN/ARBN  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 deemedpayable 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. | |
| **Your account to be debited.**  If you have any queries in relation to your BSB & Account Numbers, please contact your Financial Institution | Name/s on account:  Financial institutionname:  BSB number:(Must be 6 digits) **-**  Account number:  *Credit Card cannot be accepted* | |
| **Your Details** | Assessment number:  Property address:  Property owner/s name:  Phone Number:  Email Address | |
| **Payment schedule** | Please indicate required option | 9 monthly instalments Quarterly instalments In Full |
| **Acknowledgment** | By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:   * You are authorised to operate on the nominated account and * You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Service Agreement. * You understand 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. * You understand that you are responsible for cancelling the Debit should you sell the property | |
| **Your signature** | Signed in your capacity as Property: Owner &/or Ratepayer  Signed in accordance with the authority on your Financial Institution account  Signature:  Date:  Contact Details: | |

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| /Volumes/WIP/Maroondah City Council/MCC18620 Maroondah Corporate Letterhead/Finished Art/Word Template/Images/MCC Logo.jpg**Second account signatory**  **(if required)** | Signed in accordance with the authority on your Financial Institution account  Signature:  Name:  Date:  Address: Phone: Email Address: |
| **Signing for a company** | *You must be authorised to sign on behalf of the company AND you must have authority to operate the Company’s bank account.*  Signature of duly authorised officer:  Position held:  Name:  Address:  Email:  Phone:  Date:  Signature company signatory (if required)  Signature of duly authorised officer:  Position held:  Name:  Email:  Phone:  Date: |
| Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001.  The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business.   * 1. *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential.  *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.   2. *We* will only disclose information that *we* have about *you*:      1. to the extent specifically required by law; or      2. for the purposes of this *agreement* (including disclosing information in connection with any query or claim).   Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form.  Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email privacy@maroondah.vic.gov.au | |
| PLEASE RETURN THE SIGNED ORIGINAL OF THIS FORM TO  Maroondah City Council  PO Box 156  Ringwood 3134  (we cannot accept emailed forms) | |

**Contact us**

**Phone** 1300 88 22 33 or 9298 4598 **Fax** 9298 4345

ABN 98 606 522 719

maroondah@maroondah.vic.gov.au | www.maroondah.vic.gov.au | PO Box 156, Ringwood 3134 | DX 38068, Ringwood

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| Direct Debit RequestService Agreement | |
| /Volumes/WIP/Maroondah City Council/MCC18620 Maroondah Corporate Letterhead/Finished Art/Word Template/Images/MCC Logo.jpgThis is your Direct Debit Service Agreement with Maroondah City Council, ABN 98 606 522 719. (the Debit User) It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.  Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation. | |
| Definitions | ***account*** means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.  ***agreement*** means this Direct Debit Request Service Agreement between *you* and *us*.  ***banking day*** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.  ***debit day*** means the day that payment by *you* to *us* is due.  ***debit payment*** means a particular transaction where a debit is made.  ***Direct Debit Request*** means the written, verbal or online request between *us* and *you* to debit funds from your account.  ***us*** or ***we*** means **Maroondah City Council**, (the Debit User) *you* have authorised by requesting a *Direct Debit Request*.  ***you*** means the customer who has authorised the *Direct Debit Request*.  ***your financial institution*** means the financial institution at which you hold the *account* you have authorised us to debit. |
| 1. Debiting your account | * 1. ‘By agreeing to the Direct Debit Request, by the method presented, you authorise us to arrange for funds to be debited from your account in accordance with the Agreement’   2. *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.   3. If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited, you should ask *your financial institution*. |
| 1. Amendments by *us* | * 1. We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us in the Direct Debit Request. |
| 1. How to cancel or change direct debits | * 1. You can change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to: **Maroondah City Council**   **PO Box 156**  **Ringwood 3134**  ***Or*** by telephoning us on 1300 882 233 during business hours;  ***or*** You can also contact your own financial institution, which act promptly on your instructions. |
| 1. *Your* obligations | * 1. It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.   2. If there are insufficient clear funds in *your account* to meet a *debit payment*:      1. *you* may be charged a fee and/or interest by *your financial institution*;      2. *we may charge you reasonable costs* incurred by *us on account of there being insufficient funds*; and      3. *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.   3. *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.   4. You should check with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request. |
| 1. Dispute | * 1. If you believe there has been an error in debiting *your account*, *you* should notify Maroondah City Council directly by phoning 1300 882 233 or emailing Maroondah@maroondah.vic.gov.au Alternatively you can contact your financial institution for assistance.   2. If *we* conclude as a result of our investigations that *your* account has been incorrectly debited, *we* will respond to *your* query by arranging within a reasonable period for *your financial institution* to adjust *your* account (including interest and charges) accordingly. *We* will also notify you in writing of the amount by which *your account* has been adjusted.   3. If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited, *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing. |
| 1. Accounts | *You* should check:   * + 1. with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available through BECS on all accounts offered by financial institutions.     2. *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and     3. with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*. |
| 1. Confidentiality | * 1. *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.   2. *We* will only disclose information that *we* have about *you*:      1. to the extent specifically required by law; or      2. for the purposes of this *agreement* (including disclosing information in connection with any query or claim). |
| 1. Contacting each other | * 1. If *you* wish to notify *us* in writing about anything relating to this *agreement*, you should write to: **Maroondah City Council PO Box 156 Ringwood**   2. *We* will notify *you* by sending a notice to the address shown on Maroondah City Councils property database.   3. Any notice will be deemed to have been received on the second *banking day* after sending. |