DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay Bayside City Council

Request and Authority to debit	**Surname or company name** _____ **Given names or ACN/ARBN** _____("you") request and authorise Bayside City Council (Debit User Identification Number 091654) to arrange, through its own financial institution, for any amount Bayside City Council may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name and address of financial institution at which account is held	**Financial institution name** _____ **Address** _____ _____
Insert details of account to be debited	**Name of account** _____ **BSB number** |___|___|___| - |___|___|___| **Account number** |___|___|___|___|___|___|___|___|___| ***Note: Direct Debit is not available from a credit card.**
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bayside City Council as set out in this Request and in your Direct Debit Request Service Agreement.
Contact phone number **Property for which Rates are being paid**	(H) _____ Mob. _____ (W) _____ Email _____ _____ Ass. No. _____ _____
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 tick which of the following options you wish to apply to your Direct Debit agreement:-**

☐ **Option 1: Nine (9) monthly instalments from October to June (inclusive) each year, or**

☐ **Option 2: Four (4) instalments as specified on your annual rate notice**