

## Rates: Direct Debit Request

Please complete all sections of this form to request and authorise Bayside City Council to debit the account named below.

| Details of Person/Company   | requesting authority to det          | oit                              |      |  |  |  |
|---|--------------------------------------|----------------------------------|------|--|--|--|
| Name of Applicant   |                                      |                                  |      |  |  |  |
| 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]. |                                      |                                  |      |  |  |  |
| Contact phone number  | (H)                                  | (B)                              | (M)  |  |  |  |
| Email   |                                      |                                  |      |  |  |  |
|   |                                      |                                  |      |  |  |  |
| Details of property for whic  | n Rates are being paid               |                                  |      |  |  |  |
| Assessment number   |                                      |                                  |      |  |  |  |
| Address   |                                      |                                  |      |  |  |  |
|   |                                      |                                  |      |  |  |  |
| Details of account to be det  | oited *Note: Direct Debit is         | not available from a credit o    | card |  |  |  |
| Financial Institution name  |                                      |                                  |      |  |  |  |
| Name of Account holder(s)   |                                      |                                  |      |  |  |  |
| BSB number  |                                      | _                                |      |  |  |  |
| Account number  |                                      | _                                |      |  |  |  |
|   |                                      |                                  |      |  |  |  |
| Acknowledgment  |                                      |                                  |      |  |  |  |
| By signing this Direct Debit Regoverning the debit arrangement Direct Debit Request Service   | ents between you and Bayside         |                                  |      |  |  |  |
| Signature (If signing for a co  | mpany, sign, print full name and cap | pacity for signing eg. director) | Date |  |  |  |
|   |                                      |                                  |      |  |  |  |
| Direct Debit Options  |                                      |                                  |      |  |  |  |
| Please tick which of the following options you wish to apply to your Direct Debit agreement:-  Option 1: Nine (9) monthly instalments from 1 October to 1 June (inclusive) each year, or  Option 2: Four (4) instalments as specified on your annual rate notice  Option 3: Full payment on 15 February each year  If selecting Option 3, please supply a mobile number (above) to receive an SMS reminder prior to payment. No SMS reminder will be sent for options 1 or 2.                 |                                      |                                  |      |  |  |  |
|   |                                      |                                  |      |  |  |  |



## **Contact Details:**

Postal Address: Bayside City Council

PO Box 27

Sandringham Vic 3191

Email: <a href="mailto:enquiries@bayside.vic.gov.au">enquiries@bayside.vic.gov.au</a>

Fax (03) 9598 4474

## Rates Direct Debit Request (DDR) Service Agreement (to be retained by Ratepayer)

The following is your Direct Debit Service Agreement with Bayside City Council. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

## **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 Direct Debit Request between us and you. us or we means Bayside City Council, (the Debit User) you have authorised by signing a direct debit request. **you** means the customer who signed the *Direct Debit Request*. your financial institution means the financial institution nominated by you on the DDR at which the account is maintained. Debiting your By signing a *Direct Debit Request, you* have authorised us to account arrange for funds to be debited from *your account*. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request. or

to us and when it is due.

banking day.

We will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *Direct Debit*Request, a billing advice which specifies the amount payable by *you* 

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

If you are unsure about which day your account has or will be

debited you should ask your financial institution.



| 2. | Amendments by us  | 2.1   | We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.  |  |
|----|-------------------|---|--|--|
| 3. | Amendments by you | 3.1   | You may change the bank account details, or terminate this agreement by providing us with at least fourteen (14) days notification in writing:  Postal Address: Bayside City Council  PO Box 27  Sandringham Vic 3191  Email: revenue@bayside.vic.gov.au  Fax (03) 9598 4474   |  |
| 4. | Your obligations  | 4.1<br>4.2<br>4.3<br>4.4                      | 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.  If there are insufficient clear funds in your account to meet a debit payment:  (a) you may be charged a fee and/or interest by your financial institution;  (b) you may also incur fees or charges imposed or incurred by us; and  (c) 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.  You should check your account statement to verify that the amounts debited from your account are correct  If Bayside City Council is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay Bayside City Council on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate. |  |
| 5  | Dispute           | <ul><li>5.1</li><li>5.2</li><li>5.3</li></ul> | If you believe that there has been an error in debiting <i>your account</i> , <i>you</i> should notify us directly on 9599 4444 and confirm that notice in writing with us as soon as possible so that we can quickly resolve your query. Alternatively you can take it up with your financial institution direct.  If we conclude as a result of our investigations that <i>your</i> account has been incorrectly debited we will respond to <i>your</i> query by arranging for <i>your financial institution</i> to adjust <i>your</i> account (including interest and charges) accordingly. We will also notify you in writing of the amount by which <i>your account</i> has been adjusted.  |  |



| 6. | Accounts        | You should check:   |  |
|----|-----------------|---|--|
|    |                 | <ul> <li>(a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.</li> <li>(b) your account details which you have provided to us are correct by checking them against a recent account statement; and</li> <li>(c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.</li> </ul>    |  |
| 7. | Confidentiality | 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.  We will only disclose information that we have about you:  (a) to the extent specifically required by law; or |  |
|    |                 | (b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).   |  |
| 8. | Notice          | 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:  Postal Address: Bayside City Council  PO Box 27  Sandringham Vic 3191  Email: revenue@bayside.vic.gov.au  Fax (03) 9598 4474  8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.  8.3 Any notice will be deemed to have been received on the third banking day after posting.   |  |

