

# Moree Plains Shire Council Weekly Direct Debit Request-Water



## Customers Authority

I/We	Name:	
	Email:	
	Address:	
	Contact Phone:	

Authorise Moree Plains Shire Council (User Id) 025631 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing Systems (BECS).

I/We request that Moree Plains Shire Council debit my/our account in accordance with our agreement.

This authorisation is to remain in force in accordance with terms described in the Moree Plains Shire Council Direct Debiting Service Agreement (please see reverse of this form)

## Details of Account to be Debited

Name of Financial Institute			
Branch Name:			
Full Name of Account:			
BSB No:		Account No:	
Commencement Date or Day of the week :			

## Payment Details:

This payment is for Rate & Charges applied on the property known as:

Address:			
Town:			
Assessment:		Amount: \$	Allow Credit? Y / N

PTO →

## Direct Debit Service Agreement

**Between**

**And Moree Plains Shire Council, the Debit User.**

I/We understand that, the Debit User will issue to the customer a quarterly instalment notice prior to the due date for each Rates & Charges Instalment.

I/We, the customer, will ensure that sufficient funds are available in this account to permit the payment of this debit item.

I/We understand that, if there are insufficient funds in the account and the Debit Item is returned unpaid, the Debit User will apply any fees which the banking institution has charged in relation to the returned Debit Item. These fees will be added to the next rates and charges assessment notice.

The Debit User will notify the customer at least 14 days in advance, of any variance to the debit arrangement.

I/We will notify the debit user if the debit arrangement is to be deferred or altered in any way or of cancellation of the debit agreement at least 10 working days before payment is due. This notification must be referred in writing to the debit user, or by means of completing the required cancellation of direct debit request, available from Moree Plains Shire Council.

The debit user will ensure that all information supplied in accordance to this agreement is confidential and will not disclose this information to any other party. I/We understand, however, that it may be necessary for the debit user to provide my/our account details to the nominated financial institution in connection with any dispute being made on a debit item relating to this agreement.

I/We authorise the following:

- 1) The Debit User to verify the details of the nominated account with my/our financial institution.
- 2) The financial institution to release the information allowing the debit user to verify the abovementioned account details.

**Signature**

**Date / /**

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**Signature**

**Date / /**

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### Direct Debit Request Cancellation.

I/We wish to cancel the direct debit request authority from my/our financial institution as of

...../...../.....

**Signature**

**Date / /**

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**Signature**

**Date / /**

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