



**KINGSTON CITY COUNCIL RATES
DIRECT DEBIT REQUEST**
ABN 80 640 377 247

RETURN COMPLETED FORM TO
Mail: PO Box 1000 Mentone Vic 3194
Fax: 03 9581 4328
Email: rates@kingston.vic.gov.au

<p>Request and Authority to debit the account named opposite to pay Kingston City Council Rates and Charges as listed below</p>	<p>SURNAME OR COMPANY NAME: _____</p> <p>GIVEN NAMES OR ACN/ARBN: _____ (you)</p> <p>Request and authorise Kingston City Council, APCA User ID Number 065360, to arrange for any amount to be debited or charged to you through the Bulk Electronic Clearing System (BECS) from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) and any further instructions provided below.</p>																								
<p>Insert the name and address of YOUR Financial Institution at which account is held</p>	<p>Financial Institution Name _____</p> <p>Address: _____</p>																								
<p>Insert details of YOUR account to be debited. If you have any queries in relation to your BSB and Account Numbers, please contact your Financial Institution</p>	<p>Name Account Held In: _____</p> <p>BSB Number: _____</p> <p>Account Number: _____</p> <p align="center">** Please Note: Cheque or Savings accounts only, credit card are not accepted for direct debit**</p>																								
<p>Acknowledgement</p>	<p>1. By signing this Direct Debit request you acknowledge having read and understood the terms and conditions governing the debit arrangement between YOU and KINGSTON CITY COUNCIL, as set out in this Request and in your Direct Debit Request Service Agreement (DDRSA).</p> <p>2. The debits will be made in accordance with the dates set out on Councils' Rate and Valuation notice or website.</p> <p>3. You may change, alter or cancel the arrangements under a Direct Debit request by advising Kingston City Council in writing within fourteen (14) days prior to the next debit day.</p> <p>4. By Signing this direct debit request you also acknowledge that if there are insufficient funds in your account, a \$25.00 dishonour fee will apply.</p>																								
<p>Customer Authorisation</p> <p>If account is held in joint names, all signatories may be required to sign, as per your account set up.</p>	<p>Signature: _____ Signature: _____</p> <p align="center">(if signing for a Company, sign and print full name and capacity for signing, eg Director)</p> <p>Address: _____</p> <p>Date: ____ / ____ / ____ Date: ____ / ____ / ____</p>																								
<p>Please Indicate:</p>	<p>Property Owner & Ratepayer <input type="checkbox"/> or Occupier/Tenant <input type="checkbox"/></p>																								
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PLEASE NOTE: THIS IS A CONTINUOUS AGREEMENT THAT WILL ONLY BE CANCELLED UPON WRITTEN NOTIFICATION RECEIVED BY COUNCIL