



Latrobe City Council
 Corporate Headquarters
 Commercial Road (PO Box 264)
 Morwell 3840

Telephone: 1300 367 700
 Facsimile: (03) 5128 5672
 Email Address: latrobe@latrobe.vic.gov.au
 Internet: www.latrobe.vic.gov.au

AUSDOC DX 217733 Morwell
 Traralgon

FORM DDR
REQUEST FOR CHANGES TO DETAILS FOR THE DIRECT DEBIT SYSTEM

To Latrobe City Council
 I / We request that you **CHANGE** the details previously provided for Direct Debit System to the following:

	BANK ACCOUNT DETAILS
Insert name & address of financial institution where account is held
Insert name(s) in which account is held and is to be debited
BSB Number	_____ six digits required
Account Number

CUSTOMER NAME(S) _____
 (Surname or Company/Business Name) (Given names or ACN/ARBN/ABN)

ADDRESS _____

TELEPHONE NO. B.H. _____ A.H. _____

CUSTOMER NAME(S) _____
 (Surname or Company/Business Name) (Given names or ACN/ARBN/ABN)

ADDRESS _____

TELEPHONE NO. B.H. _____ A.H. _____

I / We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Service Agreement received from you.

CUSTOMER SIGNATURE(S) _____ DATE _____

COMMENCEMENT DATE: _____

CIRCLE PREFERENCE

WEEKLY FORTNIGHTLY MONTHLY FORTNIGHTLY MONTHLY
 Account Total Account Total

DEBTOR NUMBER: _____ AMOUNT: \$ _____ (Amount not required if Fortnightly or Monthly Account Total is selected).