Direct Debit Request Form - Rates

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

To Latrobe City, I/we request and authorise Latrobe City Council user APCA ID 141527 to draw by way of the Direct Debit System from my/our account as follows:

Bank account details

Financial institution:

Account name/s:

BSB number:

Account number: (Credit card not available)

Rates details

Rate assessment number:

Property address:

Direct debit details

Direct debit options to be set up on an ongoing basis:

Four instalments: 30 September, 30 No Annually: 15 February each year	vember, 28 Febr	uary and 31 May each year
Monthly: First day of each month	\$	Start date:
Fortnightly: Either Friday	¢	Start date:
5,	¢	
Weekly: Every Monday	\$	Start date:
Written notification and ten days notice is required to cancel this arrangement.		

Contact details

Surname or company/business name:

Given name or ACN/ABN/ARBN:

Postal address:

Best contact phone number:

Fmail:

In the future would you prefer to complete this form online? Yes No

By signing and or providing us with valid instruction in respect to your direct debit request, you have under-

stood and agreed to the terms and conditions governing debit arrangements between you and Latrobe City Council as set out in this request and in the direct debit request service agreement. Visit http://www.latrobe.vic.gov.au/directdebit-termsandconditions or phone 1300 367 700 to request a copy. Customer signature: Date: Customer signature: Date: ABN: 92 472 314 133 PO Box 264, Morwell 3840 www.latrobe.vic.gov.au **Latrobe**City AUSDOC DX217733 141 Commercial Road, Morwell Telephone: 1300 367 700 latrobe@latrobe.vic.gov.au TTY: (03) 5135 8322