

Direct Debit Form

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form. The personal information collected on this form will be used to direct debit monies from your nominated bank account as requested below. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to your Bank or financial institution for the purposes of direct debiting monies or confirming your details. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.



Customer Details *(*phone contact details are required for processing purposes*)*

Surname/Company Name:		First Name:	
Postal Address:			
Suburb:		Postcode:	
*Phone (h):		*Phone (w):	
*Phone (m):		Email:	



Rates and Water Property Details *(*For multiple properties please provide attachment listing deduction instructions specifically for each assessment*)*

Property Address:			
Suburb:		Postcode:	



Bank Account Details

Note: From savings or cheque accounts only. Direct debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution. *(*Multiple bank accounts will require a separate form for each bank account to be completed*)*.

Account held in name of:			
BSB Number:	-	Account Number:	
Financial Institution Name & Location:			

✓ Deduction Instructions

	Type	Reference/ Assessment No.	Amount to Be Debited \$	Commencement Date - (Friday)	Completion Date if Required
Weekly Deduction ↓ Processed Friday	Rates				
	Water				
	Gas				
	Accounts Receivable		100% (Tick) OR \$ _____ : _____ Nominated Amt		

	Type	Reference/ Assessment No.	Amount to Be Debited \$	Commencement Date - (Thursday)	Completion Date if Required
Fortnightly Deduction ↓ Processed Thursday	Rates				
	Water				
	Gas				
	Accounts Receivable		100% (Tick) OR \$ _____ : _____ Nominated Amt		

Due Date	Type	Reference/ Assessment. No	Amount to Be Debited \$	Commencement Date	Completion Date if Required
Deducted every Due Date - Entire Balance	Rates		100% (tick)		
	Water		100% (tick)		
	Gas		100% (tick)		

Western Downs Regional Council - Direct Debit Request Service Agreement

- *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*
- *Business 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 Western Downs Regional Council who you have authorised by signing a *Direct Debit Request*
- *You* means the customer who signed the *Direct Debit Request*
- *Your Financial Institution* is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange debit

1. Debiting your account

- 1.1 By signing a *Direct Debit request*, *you* have authorised *us* to 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*.
- 1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.
- 1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct your *financial institution* to debit *your account* on the following *business day*.
- If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Changes 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. Changes by you

- 3.1 Subject to 3.2, *you* may change the arrangements under a *Direct Debit Request* by contacting *us* in writing
- 3.2 *You* may also cancel or amend *your* authority for *us* to debit *your account* at any time by giving *us* five (5) business days notice in writing before the next *debit day*. This notice should be given to *us*, in writing, in the first instance.

4. Your obligations

- 4.1 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*.
- 4.2 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*; and
 - (b) *you* may also incur fees or charges imposed by *us*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct. If you believe an error has been made in debiting your account, please contact us on (07) 4679 4000.

5. Accounts

You should check:

- (a) with *your Financial Institution* whether direct debiting is available from *your account* as direct debiting through Bulk Electronic Clearing Systems is not available on all accounts
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account statement*; and
- (c) with *your Financial Institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

6. Confidentiality

- 6.1 *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.
- 6.2 *We* will only disclose information that *we* have about *you*:
- (a) to the extent specifically required by law; or
 - (b) for the purpose of this *agreement* (including disclosing information in connection with any query or claim to the relevant Financial Institution)

7. Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to **Western Downs Regional Council PO Box 551, DALBY QLD 4405**

 Customer Signature

- I, as owner/agent/account holder for the above property request that Council alter its records to reflect the changes as indicated above. I have read & understood the terms and conditions of this Direct Debit Agreement listed above.
- I / We authorise the Financial Institution to release the information allowing **Western Downs Regional Council** to verify the details above.
- I / We will advise Council of the cancellation of this authority and will not hold the Council responsible for any action arising from my/our not doing so.
- I / We authorise **Western Downs Regional Council** (Debit User Name) 381076 (APCA ID), until further notice in writing 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 System (BECS) amounts which are due and payable, which **Western Downs Regional Council** (Debit User) may debit or charge me/us through the Direct Debit System.
- I / We request that you debit my/our account in accordance with amounts shown above.
- Payments will be debited at either an agreed amount or an amount you have elected to pay for rates in advance or in arrears.

Name:	Signature:	Date: / /
Name:	Signature:	Date: / /

I have attached further deduction instructions for multiple property addresses and/or rates assessments

Postal address: Western Downs Regional Council, PO Box 551, DALBY QLD 4405

