

Customer Direct Debit Request Form

DECLARATION	
Insert your name in full:	I / We request Corangamite Shire Council until further notice in writing, to debit my/our account described in the schedule below any amounts which Corangamite Shire (063934) may debit or charge me/us through the Direct Debit System.
	 I/We understand and acknowledge that: Corangamite Shire Council may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate. Corangamite Shire Council may, in its absolute discretion, at any time by notice to me/us, terminate this Request as to future debits. Corangamite Shire Council may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.
Customer Signature(s):	(If joint account all signatures may be required)
Customer Address:	Post Code
BANK DETAILS	
Name of financial Institution:	
Branch:	
Name of account to be debited:	
BSB Number:	Account Number: Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.
Bill type:	☐ Rates ☐ Debtors ☐ Animals ☐ Special Rates ☐ Other:
Frequency:	☐ Annually ☐ Quarterly ☐ Monthly ☐ Fortnightly ☐ Weekly Start date:
Amount:	(If customer is going to pay the balance owing each time write "Total Due")
OFFICE USE ONLY	
Bank Reference #:	Payment ID #: (Eg: Bank Reference Number, Debtor Number, Special Charge Scheme number, Application number, etc)

Privacy

Council advises that these financial records are for use by the Finance Department only for the purposes of creating a direct debit payment. They will be stored in a confidential manner so your privacy is protected at all times.