

# DIRECT DEBIT REQUEST APPLICATION FORM

DETAILS OF THE PROPERTY	
Property Owner's Name(s)	<input type="text"/> <input type="text"/>
Property Address	<input type="text"/> <input type="text"/>
Daytime Contact Number / Mobile	<input type="text"/>
Email Address	<input type="text"/>
Property Assessment Number	<b>A</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DETAILS OF THE BANK ACCOUNT TO BE DEBITED	
Name of the Bank / Financial Institution	<input type="text"/>
Name(s) of Account Holder(s)	<input type="text"/> <input type="text"/>
BSB Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account Number (please use numbers only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Amount to be debited	
\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Frequency of Direct Debit (tick one):	
<input type="checkbox"/> FORTNIGHTLY	<input type="checkbox"/> MONTHLY

Commencement Date	
<input type="text"/>	<input type="text"/>

I/We authorise and request the **City of Karratha (Debit ID: 507202)** to arrange, through its own financial institution, a debit to my/our nominated account any amount the City of Karratha has deemed payable by me/us. This debit or charge will be made through the bulk electronic clearing system (BECS) from my/our account held at the financial institution I/we have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

I/We acknowledge that I/we have read and understood the attached Direct Debit Request Service Agreement and I/we agree to the terms of this agreement, in particular:

- I/We will not incur a fee to commence this Direct Debit Request
- My/Our account will be debited the nominated amount on either every second Friday (Fortnightly) or the 21st of every month (Monthly). Where the 21st falls on a weekend or public holiday, funds will be deducted on the following business day
- I am/we are responsible for ensuring that sufficient cleared funds are in my/our nominated bank account the day before and three days after each payment is due
- In the event that there is a default due to insufficient funds in my/our account, I/we will incur a \$20 Direct Debit Request Payment Default Fee on for each such default. No additional payment will be deducted to make up for the default
- In the event that there are three (3) payment defaults in any rolling 12 month period, the City of Karratha will cancel this Direct Debit Request and I/we will incur the \$50 Direct Debit Request Administration Charge
- This Direct Debit Request will continue until I/we give written cancellation notice on the appropriate form. I/we will incur the \$50 Direct Debit Request Administration Charge upon cancellation
- If I/we choose to cancel this Direct Debit Request while any amount remains overdue, that amount will become due and payable immediately and the City of Karratha may commence legal proceedings to affect recovery
- Penalty interest will continue to accrue at the prescribed rate on any overdue balances
- My/Our rates account must be paid in full by the end of the financial year

Signed (by Account Holders as specified on your account):	
<input type="text"/>	<input type="text"/>
Date / /	Date / /