



# HOLROYD CITY COUNCIL DIRECT DEBIT REQUEST AND SERVICE AGREEMENT



Name of Customer(s) giving the DDR

I/WE

## 1. Customer(s) Authority

Name of Debit User

APCA User ID Number

Authorise you

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).

This authorisation is to remain in force in accordance with the terms described as per the Service Agreement on the reverse side of this Request.

Signature

Date

Signature

Date

## 2. Details of the Account to be Debited

Name of the Financial Institution

Account Name

(All details must be supplied)

BSB number

Account number

## 3. Payment Details

Please accept this application to pay my/our rate account by the due date, by direct debit on my/our property at:

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Phone No \_\_\_\_\_  
(During Office Hours – Home, Work or Mobile)

Reference No

(Rate Account Reference No. – See top right hand corner of the notice)

Please tick below to indicate your chosen method of payment:-

- Full payment (Total amount stated on Rate Notice)  Quarterly Instalments (Total amount stated on Quarterly Instalment Notice)  Special Arrangement to Pay (as agreed by you and Holroyd City Council)

I/We authorise the following:

- Holroyd City Council to verify the details of the abovementioned account, with my/our Financial Institution.
- The Financial Institution to release information allowing Holroyd City Council to verify the abovementioned account details.
- I/We will advise Holroyd City Council of the cancellation of this authority should I/We wish to stop paying by Direct Debit, or on sale or transfer of the property from my/our ownership, and will not hold Holroyd City Council responsible for any action arising from not doing so.

Signed by the Customer(s)

# **HOLROYD CITY COUNCIL DIRECT DEBIT SERVICE AGREEMENT**

## **1. Notification that payment is due**

*We will always provide you with a bill at least one month before the payment is due. On the due date, the amount will be debited from the account you have nominated at your financial institution.*

## **2. Direct Debit guarantee**

*If you dispute any amount on a bill and let us know at least 2 business days before payment is due, we guarantee we will not debit your account for the amount in dispute until the dispute is resolved. This notice will allow us enough time to resolve the problem or to halt processing of the payment.*

## **3. Change in payment method or cancellation**

*You may cancel the direct debit or change your nominated account by simply letting us know at least 2 business days (or such time as agreed with you) before payment is due.*

## **4. Privacy**

*We will maintain strict control over the information you provide to us. We will act only on your instructions or those of your authorised representative. Council's bank may require this information however, if it needs to investigate a claim relating to an incorrect or wrongful debit.*

## **5. Complaints**

*You may lodge a complaint about your direct debit by contacting Council's Rate Section on 9840 9700 and quoting the assessment number shown on your rate or instalment notice. We will respond to any complaint promptly.*

## **6. Sufficient Funds**

*You acknowledge that it is your responsibility to ensure that your nominated account has sufficient clear funds on the due date of each instalment to cover the amount payable. If your Direct Debit item is returned unpaid by your financial institution, Council may charge an administration fee (as listed on Council's "Schedule of Fees and Charges"), plus any fee charged by Council's financial institution.*

## **7. Due dates for payment**

*If the due date falls on a weekend, bank holiday, or public holiday, your payment may not be deducted until the first working day after the due date.*

## **8. Balance less than five dollars**

*Holroyd City Council will not debit any amount from your account if the balance of rates and charges is less than five dollars.*

**Direct Debit is not available on all accounts. Please check with your financial institution before completing this Direct Debit Request and Service Agreement.**