



Direct Debit Request Form

Please complete and post your form to Port Stephens Council PO Box 42, Raymond Terrace NSW 2324

Customer Details

Surname: Given names or ABN:
(or company name):

Address where you live (or address of company office)

Street address:

Telephone numbers/email

Mobile: Home:
Work: Email address:

Payment details

Rate assessment no:

Property address:

Sundry debtor account no*:

Account description*:
*not needed for Rates debits

Request and authority to debit

You request and authorise Port Stephens Council user id 73606 to arrange, through its own financial institution, a debit to your nominated account any amount Port Stephens Council has deemed payable by you. 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.

Financial institution account details to debit

Name of financial institution:

Address of financial institution:

Name of account holder:

BSB number:

Account number:

Frequency of debits

Rates: Tick one box only, If left unticked, debits will commence quarterly from next quarter. Most customers choose quarterly direct debits.

Annually or Quarterly

or

Fortnightly \$ (nominate amount)

Fortnightly debits occur on Fridays, nominate your preferred start date:

Sundry debtor accounts: Tick one box only, If left unticked, the full invoice amount will be debited.

Full invoice amount, for every invoice when invoiced

or

Fortnightly \$

Fortnightly debits occur on Fridays, nominate your preferred start date:

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit agreement between you and Port Stephens Council as set out in your Direct Debit Request Service Agreement.

If signing for a company, sign and print full name and capacity for signing eg. Director

Signature:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

YOUR PRIVACY

Port Stephens Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and Council policy.

Purpose: The information you provide will enable Council to process your direct debit request and communicate with you about Council related matters.

Intended recipients: The information will only be used by Council, its contractors performing functions for Council, and other agencies such as government departments that have legislation allowing them to access Council records.

Supply: Legally required.

Consequence of Non Provision: If Council does not have your current details it will be unable to process a debit from your nominated financial institution account. If Council does not know your current address, correspondence might not reach you. If Council has no telephone or email address for you it might not be able to contact you about important matters relating to your property, accounts or applications.

Storage and security: This document will be placed on the relevant file and/or saved in Council's records management system in accordance with Council policy and relevant legislation.

Access: Please contact Council on (02) 4988 0255 to enquire how you can access information.