Rates Direct Debit Form

Customer Details

Surname/ Company Name:		First Name:	
Postal Address:			
Suburb:		Postcode:	
Phone:			
Email Address			

I/We authorise ***Central Highlands Regional Council*** (Debit User Name) 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 ***Central Highlands Regional Council*** (Debit User) may debit or charge me/us through the Direct Debit System.

Property Details

Assessment Number:	

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.

Account held in name of:			
Account Number:		BSB Number:	
Financial Institutions Name:			

Direct Debit Request Authorisation

I / We request that you debit my/our account in accordance with amounts shown below. Payments will be debited at either an agreed amount or an amounts you have elected to pay for rates in advance or in arrears.

	Options	Amount to be Debited	Processed	Commencement Date
Choose one (1) option only	☐Weekly	$_____._____	Friday	Friday / /
	☐Fortnightly	$_____._____	Thursday	Thursday / /
	☐Monthly	$_____._____	28th of the Month	
	☐Due Date Debit (balance due deducted on every Due Date)			

I / We authorise the Financial Institution to release the information allowing ***Central Highlands 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.

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.
If I am not the owner/agent/account holder of the above property, I acknowledge that any payments made are voluntary contributions toward a property in which I hold no ownership interest. As a non-owner, I am not entitled to any refund of payments made under this arrangement.

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

65 Egerton Street, Emerald QLD 4720 T. 1300 242 686
chrc.qld.gov.au

Central Highlands Regional Council – Direct Debit Request Service Agreement

- *Account* means the account held at your *financial institution* from which *we* are authorized 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 Central Highlands Regional Council who *you* have authorized 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 authorized *us* to arrange debit

1. Debiting your account

1.1 By signing a *Direct Debit request, you* have authorized *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 authorized 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 lease fourteen (14) days written notice.

3. Changes by *you*

3.1 Subject to 3.2, you may change the arrangement under a *Direct Debit Request* by contacting *us* in writing.

3.2 *You* may also cancel *your* authority to *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 give 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;*

(b) *you* may also incur fees or charges impose by *us*

(c) Two (2) payments will be debited on the next scheduled *Dabit Day.*

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 Rates on 1300 242 686

5. Accounts

You should check:

(a) with *your Financial Institution* whether direct debit 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 *you 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 unauthorized 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).

(c)

7. Notice

7.1 If *you* wish to notify *us* in writing about anything relating to this *agreement, you* should write to ***Central Highlands Regional Council, Rates Department, PO Box 21 EMERALD QLD 4720.***

7.2 If the Direct Debit is rejected by the bank three (3) or more times, Council reserves the right to cancel the Direct Debit

IMPORTANT NOTICE

Central Highlands 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 access by persons who have been authorized 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.*