

# Rates Direct Debit Request

## Finance, Corporate & Community Services

### 1 Applicant details

Mr  Mrs  Ms  Other:

First Name:

Last Name:

Business or Company Name:

Email:

Mobile:

Home:

Business:

Postal Address (all hard copy correspondence will be sent to this address)

Unit / Street No / PO Box:

Street Name:

Suburb / Town / Village / Locality:

State:

Postcode:

If this address differs from Council records, do you want your mailing details updated?

Yes

No

Who is making this application?

Owner/s

Other:

### 2 Account Details to be Debited

Property ID:

Property for which the Direct Debit relates to:

Unit / Street No:

Street Name:

Suburb / Town / Village / Locality:

State:

Postcode:

### Office use only

Trim Form Number: 763

Issue Date: 01/2023

Owned by (section): Finance

Review Date: 01/2025



F O R M 7 6 3

Account Name (i.e. Jack & Julie Brown):						
Name of Financial Institution & Branch (i.e. NAB, Nowra):						
BSB Number (Bank / State / Branch):						
Account Number: (Savings or Cheque. Max of 9 digits):						
This Direct Debit authority applies to your Rate Account only. Direct Debits cannot be made from a credit card.						
Property ID:						
<b><u>Please tick your payment preference for your deductions</u></b>						
<input type="checkbox"/>	Rate account to be debited on the Instalment Due Date. Rate accounts debited on the Instalment Due Date (or the next business day) will be for the full amount due on the date and may include interest, arrears or adjustments made.					
<input type="checkbox"/>	Rate account to be debited weekly for the amount of \$					
Weekly deductions are processed on a Thursday.						
<input type="checkbox"/>	Rate account to be debited fortnightly for the amount of \$					
Fortnightly deductions are processed on a Thursday						
<input type="checkbox"/>	Rate account to be debited every 4 weeks for the amount of \$					
Deductions are processed on a Thursday every 4 weeks.						
Deduction to commence on:			/	/		
<b>PLEASE NOTE:</b> A fee of \$30.00 will be charged by Council for dishonoured transactions. Two consecutive dishonoured transactions will result in the termination of this agreement. An alternate payment method will then be required by you to make your payment.						
<b>3 Authority to Debit</b>						
I/we request and authorise Shoalhaven City Council ID 115266 to arrange for any amount SCC may debit or charge to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above subject to the terms & conditions of the Direct Debit Request Service Agreement and any further instructions provided below. <b>By submitting this form I understand that:</b>						
(a) Fees will be incurred if the transaction is dishonoured.						
(b) Cancellation, adjustments or any kind of variance to the Direct Debit authority must be undertaken in writing and received by Council at least 14 working days before the next required payment.						
(c) Instalment Amounts deducted on the Instalment Due Date (or the next business day) will be for the full amount due on the date and may include interest, arrears or adjustments made.						
(d) Shoalhaven City Council reserves the right to cancel the direct debit if two consecutive drawings are dishonoured. An alternate payment method will then be required.						
<b>4 Applicants Declaration</b>						
Applicant 1 signature:						
Date:						
Applicant 2 signature:						
Date:						

## Important Information

### Privacy & Public Access to Information

Information supplied on this form will be managed in accordance with [Council's Privacy Management Plan](#), [Public Access to Council Information Policy](#) and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the Government Information (Public Access) Act 2009 (GIPA Act). Further information on privacy and public access to information can be found on Council's website: <https://shoalhaven.nsw.gov.au/My-Council/About-Council/Privacy-and-personal-information>

## General

This is your Direct Debit Service Agreement with Shoalhaven City Council ABN. 598 551 823 44 User ID. 115266.

It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit (DDR) and should be read in connection with your DDR authorisation.

We will notify you by either sending notices electronically, or in the ordinary post to the most recent postal address you have provided Council.

## Debiting Your Account

- 1.1. By signing a *direct debit* request, *you* have authorised *us* to arrange for funds to be debited from *your bank account as per your direct debit agreement*. *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* if *we* have sent *you*, a billing advice which specifies the amount payable by *you* to *us* and when it is due. The amount of the direct debit may differ from the advice where additional payments, adjustments have occurred.
- 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 Shoalhaven City Council or your Financial Institution

## 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 least fourteen (14) days' written notice.
- 2.2. Shoalhaven City Council reserves the right to cancel the direct debit if two consecutive drawings are dishonoured. An alternate payment method will then be required.

## Changes by You

- 3.1. You may change\*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:  
Shoalhaven City Council, PO Box 42, NOWRA 2541 OR  
Arranging it through your own financial institution, which is required to act promptly on your instructions.  
\*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us, Shoalhaven City Council of your new account details

## 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 imposed or incurred by *us*; and
  - (c) *you* must arrange for the *debit payment* to be made by another method.
- 4.3. *You* should check *your* account statement to verify that the amounts debited from *your account* are correct.

## Dispute

- 5.1. If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on Phone Number 4429 3111 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query quickly.
- 5.2. If *we* conclude as a result of our investigations that *your* account has been incorrectly debited *we* will respond to *your* query and notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3. If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.
- 5.4. Any queries *you* may have about an error made in debiting *your* account should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer it to your financial institution which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

## Accounts

*You* should check:

- 6.1. with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- 6.2. your account details which *you* have provided to *us* are correct by checking them against a recent account statement; and
- 6.3. with your financial institution before completing the Direct Debit Request if *you* have any queries about how to complete the Direct Debit Request.

## Confidentiality

- 7.1. *We* will keep any information (including *your account* details) in *your 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 unauthorised use, modification, reproduction or disclosure of that information.
- 7.2. *We* will only disclose information that *we* have about *you*:
- (a) to the extent specifically required by law; or
  - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

## Notice

- 8.1. If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to Shoalhaven City Council, PO Box 42, Nowra 2541.
- 8.2. *You* will continue to receive your notices/accounts by the method in which *you* have elected.
- 8.3. Any notice will be deemed to have been received two *business days* after it is posted.

## Lodgement details

*You* can lodge the completed application by

**Mail:** The General Manager, PO Box 42, Nowra NSW 2541

**Email:** [council@shoalhaven.nsw.gov.au](mailto:council@shoalhaven.nsw.gov.au) or

**In person:** Council offices at Bridge Rd, Nowra or Deering St, Ulladulla.

Once *your* application is received, a Council Officer will contact *you* if further information is required.