Rates Direct Debit Amendment Request Rockingham Assessment No.: Ratepayer's Name(s): Property Address: _____ Postal Address: Daytime telephone number: Email address: Customer's signature: _____ Date: _____ Customer's signature: _____ Date: _____ **Direct Debit Amendment Details** Please complete the relevant sections. Payment cancelled (date and reason for cancellation) Amount to be debited: \$ _____ MONTHLY FORTNIGHTLY Frequency: WEEKLY INSTALMENTS New account details: Account in the name of: Branch: Bank: _____ BSB: Account number: Expiry: Credit Card number: (Visa or MasterCard only)