Rates Direct Debit Amendment Request

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: $** _____

- **Frequency:** WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY ☐ INSTALMENTS ☐

- **New account details:**

  Account in the name of: _____

  Bank: _____ **Branch:** _____

  BSB: ☐☐☐ ☐☐☐ **Account number:** ☐☐☐☐☐☐☐☐☐

  OR

  Credit Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry:** ☐☐/☐☐

  (Visa or MasterCard only)