

Rates Direct Debit Amendment Request



Assessment Number: _____

Ratepayer Name(s): _____

Property Address: _____

Postal Address: _____

Daytime Telephone: _____

Email Address: _____

Ratepayer Signature: _____ Date: _____

Ratepayer Signature: _____ Date: _____

Direct Debit Amendment Details

Please only complete the relevant sections.

Payment Cancellation (provide 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

New credit card details:

Credit Card Number:

Expiry: /

The City of Rockingham is collecting your personal information to amend a direct debit arrangement. It may also be used for secondary purposes which would be reasonably expected. We will share this information with authorised third parties to process direct debit transactions and administer your payment arrangement. Information may also be disclosed where required or authorised by law.

If you choose not to provide your personal information, the City may be unable to maintain your direct debit arrangement, and alternative payment methods will need to be used. To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.