



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)