



Property Address: \_\_\_\_\_

Assessment Number: \_\_\_\_\_

1. I/We \_\_\_\_\_ request approval to pay the rates balance to the value of \$\_\_\_\_\_ (as at \_\_\_\_\_) by form of a payment schedule as outlined below.

Amount to pay: \$\_\_\_\_\_ Please select one of the following below

- Fortnightly – every second Thursday commencing - \_\_\_\_/\_\_\_\_/\_\_\_\_
- Monthly – 15<sup>th</sup> of each month
- Annually – 15 day of the month before the due date

2. I/We understand that the arrangement will only be accepted if the Direct Debt Request Form is completed and return with this application.

3 I/We understand that interest will continue to accrue at 11% pa calculated daily on all outstanding balances until the account is paid in full, and that the final payment amount will be adjusted to clear all accrued interest.

4. I/We understand that there will be a fee of \$30.00 added to the account, relating to this arrangement.

5. I/We understand that the balance of rates is to be settled within the current financial year including any arrears owing from previous year’s rates.

6. I/We understand that should two consecutive payments not be honored then the City of Nedlands will charge any fees incurred to your account and refer the account to a Debt Collection Agency for further action.

7. I/We understand that this request is NOT approved until signed by a City of Nedlands authorising officer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NB\* the Direct Debit Service Agreement can be viewed at [nedlands.wa.gov.au](http://nedlands.wa.gov.au).

*Office Use Only*

Authorising Officer: \_\_\_\_\_ Date approved \_\_\_\_\_

<b>Direct Debit Request Form</b>	
Request and Authority to debit the account named below to pay City Of Nedlands	
<b>Request and Authority to debit</b>	<p>Surname or Company name: _____</p> <p>Given names or CAN/ABN: _____</p> <p>Request and authorize the City of Nedlands 246991 to arrange, through its own financial institution, for and amount the City of Nedlands may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreements [and any further instructions provided below</p>
<b>Insert the name and address of the financial institution at which account is held</b>	<p>Financial Institution name: _____</p> <p>Address: _____ _____</p>
<b>Insert details of account to be debited</b>	<p>Name of account: _____</p> <p>BSB number: _____</p> <p>Account number: _____</p>
<b>Acknowledgment</b>	<p>By signing this Direct Debit Request Form you acknowledge having read and understood the terms and conditions governing the debit arrangement between you and the City of Nedlands as set out in this request and in your Direct Debit Request Service Agreement.</p>
<b>Payment Details</b>	<p>The first debit may be made on 15 / ____ / ____ and at fortnightly/monthly/annually intervals after that.</p>
<b>Insert your signature and address</b>	<p>Signature: _____ (If signing for a company, sign and print full name and capacity for signing e.g. director)</p> <p>Address: _____ _____</p> <p>Date: _____</p>