

Request Amend Direct Debit

IMPORTANT NOTICE

Western Downs Regional Council is collecting your personal information to provide the direct debit payment service you have requested. The personal information collected on this form will be used to direct debit monies from your nominated bank account for payments to Council and to confirm your identity. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to your Bank or financial institution for the purposes of direct debiting monies or confirming your details. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the Information Privacy Act 2009.

Note: To cancel or amend your authority for us to debit your account at any time you must give Council five (5) business days notice, in writing before the next debit day.

Direct Debit to apply to (Please tick one only):

Rates Assess No. _____ Water Assess No. _____
 Accounts Receivable _____ Account Number _____ Gas _____ Account Number _____



Customer Details (*phone contact details are required for processing purposes)

Surname/Company Name:	First Name:
Postal Address:	
Suburb:	Postcode:
*Phone (h):	*Phone (w):
*Phone (m):	Fax:
Email Address:	



Rates and Water Property Details

Property Address:
Suburb: Postcode:



Requested Amendments

Change:	<input type="checkbox"/> Bank Account Details (complete New Bank Account Details below) <input type="checkbox"/> Debit Option (complete New Direct Debit Request Authorisation below)
Cancel:	<input type="checkbox"/> Date / /
Suspend:	<input type="checkbox"/> From / / To / /



New Bank Account Details

Note: From savings or cheque accounts only. Direct debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

Account held in name of:
BSB Number: _____ Account Number: _____
Financial Institution Name & Location:



New Direct Debit Request Authorisation

Options	Amount to be Debited	Processed	Commencement Date
Direct Debits for Rates Water Gas and Partial Accounts Receivable Accounts			
<input type="checkbox"/> Weekly	\$ _____	Friday	Friday / /
<input type="checkbox"/> Fortnightly	\$ _____	Thursday	Thursday / /
<input type="checkbox"/> Due Date Debit (balance due deducted on every Due Date) / /			
Direct Debits for Accounts Receivable 100% (entire balance)			
<input type="checkbox"/> Weekly	\$ _____	Friday	Friday / /
<input type="checkbox"/> Fortnightly	\$ _____	Thursday	Thursday / /
Direct Debit completion date (if required): / /			



Customer Signature

- I, as owner/agent/account holder for the above property request that Council alter its records to reflect the changes as indicated above. I have read & understood the terms and conditions of this Direct Debit Agreement as per second page.
- I / We authorise the Financial Institution to release the information allowing **Western Downs Regional Council** to verify the details above.
- I / We will advise Council of the cancellation of this authority and will not hold the Council responsible for any action arising from my/our not doing so.
- I / We authorise **Western Downs Regional Council** (Debit User Name) 381076 (APCA ID), until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS) amounts which are due and payable, which **Western Downs Regional Council** (Debit User) may debit or charge me/us through the Direct Debit System.
- I / We request that you debit my/our account in accordance with amounts shown below.
- Payments will be debited at either an agreed amount or an amount you have elected to pay for rates in advance or in arrears.

Name: _____	Signature: _____	Date: / /
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Would you like a response? (please choose) Yes No If yes, how would you like to be responded to? Phone Email
If left blank, no response will be given



Western Downs Regional Council - Direct Debit Request Service Agreement

- *Account* means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited
- *Agreement* means this Direct Debit Request Service Agreement between *you* and *us*
- *Business day* means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia
- *Debit day* means the day that payment by *you* to *us* is due
- *Debit payment* means a particular transaction where a debit is made
- *Direct Debit Request* means the Direct Debit Request between *us* and *you*
- *Us* or *we* means Western Downs Regional Council who *you* have authorised by signing a *Direct Debit Request*
- *You* means the customer who signed the *Direct Debit Request*
- *Your Financial Institution* is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange debit

1. Debiting your account

- 1.1 By signing a *Direct Debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2 We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.
- 1.3 If the *debit day* falls on a day that is not a *business day*, we may direct your *financial institution* to debit *your account* on the following *business day*.
- If *you* are unsure about which day *your account* has or will be debited, *you* should ask *your financial institution*.

2. Changes by us

- 2.1 We may vary or cancel any details of this agreement or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.

3. Changes by you

- 3.1 Subject to 3.2, *you* may change the arrangements under a *Direct Debit Request* by contacting *us* in writing.
- 3.2 *You* may also cancel or amend *your* authority for *us* to debit *your account* at any time by giving *us* five (5) business day's notice in writing before the next *debit day*. This notice should be given to *us*, in writing, in the first instance.

4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
- (a) *you* may be charged a fee and/or interest by *your Financial Institution*;
 - (b) *you* may also incur fees or charges imposed by *us*; and
 - (c) *your direct debit arrangement may be cancelled*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct. If *you* believe an error has been made in debiting *your account*, please contact *us* on (07) 4679 4000.

5. Accounts

You should check:

- (a) with *your Financial Institution* whether direct debiting is available from *your account* as direct debiting through Bulk Electronic Clearing Systems is not available on all accounts
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account statement*; and
- (c) with *your Financial Institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

6. Confidentiality

- 6.1 We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 6.2 We will only disclose information that we have about *you*:
- (a) to the extent specifically required by law; or
 - (b) for the purpose of this *agreement* (including disclosing information in connection with any query or claim to the relevant Financial Institution)

7. Notice

If *you* wish to notify *us* in writing about anything relating to this agreement, *you* should write to **Western Downs Regional Council**
PO Box 551, DALBY QLD 4405

