



Direct Debit Request

Request to debit the account below to pay Gannawarra Shire Council

Request and Authority to debit

Surname or Business Name: _____

Given Names: _____ ("you")

Request and authorise Gannawarra Shire Council (USER ID 404809) to arrange for any amount, or amount referred to in the "Debit Option" details below, to be debited through the BULK ELECTRONIC CLEARING SYSTEM (BECS) from an account held at the financial institution indentified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

Insert the name and address of the financial institution at which account is held

Bank Name: _____

Branch Address: _____

Insert details of account to be debited

Name of account _____

BSB Number	<input type="text"/>	-	<input type="text"/>	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Gannawarra Shire Council as set out in this request and the Direct Debit Request Service Agreement (page 2).

Debit Option and Property Number/s

For additional properties please fill additional forms.

Property No:

Please tick ONE payment option only:

- Full Payment Instalment Option
- Payment of \$_____ weekly / fortnightly / monthly.
- Date Direct Debit to commence : ___ / ___ / ___

Bill No:

- Payment to continue until further notice, or
- Date Direct Debit to close: ___ / ___ / ___

Debtor Client / Bill No:

- First amount \$_____ on a weekly/fortnightly / monthly
- Regular amount \$_____
- Start: ___ / ___ / ___ Close: ___ / ___ / ___

Signatures

(If signing for a company, sign and print full name and capacity for signing. e.g. Director)

Signed _____

Signed _____

Print Name _____

Print Name _____

Contact Number _____

Contact Number _____

Date _____

Date _____

Privacy Statement

Office Use	Client Number: _____	Date: _____
	_____	Initials _____

Direct Debit Request – Service Agreement

The following is your Direct Debit Service Agreement with **Gannawarra Shire Council**. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

- **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*.
- **banking 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 **Gannawarra Shire Council** (the Debit User) *you* have authorised by signing a *direct debit request*.
- **you** means the customer who signed the *Direct Debit Request*.
- **your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

1. Debiting your account 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*.

We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*

If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit *your account* on the following *banking day*.

If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

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

3. Amendments by you *You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) **days'** notification by writing to: **Gannawarra Shire Council**, PO Box 287 Kerang Vic 3579 **or** by telephoning *us* on (03) 5450 9333 during business hours **or** arranging it through your own financial institution.

4. Your obligations 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*.

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 or incurred by *us*; and

(c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

You should check *your account* statement to verify that the amounts debited from *your account* are correct

If **Gannawarra Shire Council** is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay **Gannawarra Shire Council** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on (03) 5450 9333 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve your query more quickly. Alternatively *you* can take it up with your financial institution direct.

If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

(a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.

(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*.

7. Confidentiality *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.

We will only disclose information that *we* have about *you*:

(a) to the extent specifically required by law; or

(b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to **Gannawarra Shire Council**, PO Box 287, Kerang Vic 3579.

We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.