



## FINANCIAL SERVICES

### Rates - Direct Debit Request Authority

Request and Authority to debit the account named below to pay Campbelltown City Council

#### Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

<b>Request and Authority to Debit</b>	Surname or company name															
	Given names or ACN/ARBN															
	Request and authorise Campbelltown City Council (93533) to arrange for any amount Campbelltown City Council may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).															
	<b>Insert the name and address of financial institution at which account is held</b>															
<b>Insert details of the bank account to be debited</b>	Financial institution name															
	Branch															
	Account Name															
<b>BSB Number</b>																
<b>Bank Account Number</b>																
<b>OR</b>																
<b>Insert credit card details to be debited</b>	Type of Card	Mastercard/Visa														
	Credit Card No.															
	Card Expiry Date			/		/			CCV:							
	Cardholders Name															
	Cardholders Signature															
<b>Acknowledgement</b>	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Campbelltown City Council as set out in this request and in your Direct Debit Request Service Agreement.															
<b>Details of Direct Debit</b>	Please deduct my quarterly instalment on the due date												Yes/No			
	<i>or</i> please deduct an amount of \$_____ monthly + MSF*															
	<i>or</i> please deduct an amount of \$_____ fortnightly + MSF*															
	* For due dates, please refer to Item 1.4 of the Direct Debit Request Service Agreement															
	<b>*ALL CREDIT CARD PAYMENTS WILL INCUR A MERCHANT SERVICE FEE (MSF) SURCHARGE OF 0.80%</b>															
	Rate Account Numbers															
<b>Insert your signature and address</b>	Signature															
	(If signing for a company, sign and print full name and capacity for signing, eg, Director)															
	Address															
	Home No.															
	Mobile No.															
	Email address															
	Date															
<b>Please return this application to PO Box 57, CAMPBELLTOWN NSW 2560</b>																

#### DATA AND DOCUMENT CONTROL