



FINANCIAL SERVICES
 PO Box 57
 Campbelltown NSW 2560
 Telephone 4645 4000 Facsimile 4645 4111

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.

Request and Authority to Debit	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).	

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

Insert details of the account to be debited	Account Name	
	BSB Number	
	Account Number	

Acknowledgement	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.
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Details of Direct Debit	Please deduct my quarterly instalment on the due date	Yes/No
	or please deduct an amount of \$ _____ monthly	
	or please deduct an amount of \$ _____ fortnightly	
	* For due dates, please refer to Item 1.4 of the Direct Debit Request Service Agreement	

Insert your signature and address	Rate Account Numbers	
	Signature	
	(If signing for a company, sign and print full name and capacity for signing, eg, Director)	
	Address	
	Home No.	
	Mobile No.	

	Date	
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Please return this application to PO Box 57, CAMPBELLTOWN NSW 2560

DATA AND DOCUMENT CONTROL