



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.

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	
	Branch	
Insert details of the bank account to be debited	Account Name	
	BSB Number	
	Bank Account Number	
OR		
Insert credit card details to be debited	Type of Card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
	Credit Card No.	_____
	Card Expiry Date	____/____/____
	Cardholders Name	_____
	Cardholders Signature	_____
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.	
Details of Direct Debit	Please deduct my quarterly instalment on the due date	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Payment Start Date:	____/____/____
	<input type="checkbox"/> Weekly Payments	Amount \$ _____
	<input type="checkbox"/> Fortnightly Payments	Amount \$ _____
	<input type="checkbox"/> Monthly Payments	Amount \$ _____
*ALL CREDIT CARD PAYMENTS WILL INCUR A MERCHANT SERVICE FEE (MSF) SURCHARGE OF 0.45%		
	Rate Account Numbers	
Insert your signature and address	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	

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

DATA AND DOCUMENT CONTROL