



**FINANCIAL SERVICES
DEBTORS**

Phone: 4645 4935 Fax: 4645 4472

Debtors 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/ABN	
	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 Debtors Direct Debit Request Service Agreement (and any further instructions provided below).	

Insert the name of the financial institution at which account is held	Financial institution name	
	Branch	

Insert bank account details 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 Debtors Direct Debit Request Service Agreement.
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Details of Direct Debit	Please deduct an amount of \$_____ monthly *	
	OR	
	Please deduct an amount of \$_____ fortnightly *	
	* For due dates, please refer to Item 1.4 of the Debtors Direct Debit Request Service Agreement	
	Debtors Number/s	

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.	
	Date	

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