

Direct Debit Request Service Agreement Amendment Form

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Account number/s	3:					
Property Address	:				_	
Account Name:						
The Schedule						
In respect of the curequest you to alte		_	ement provided by	y me/us to City of	Darwin, I/we	
Frequency (tick one):	☐ Annually (on due date as indicated on Notice of Rates and Charges issued under Section 159 of The Local Government Act)					
	☐ Instalment (on due dates as indicated on Notice of Rates and Charges issued under Section 159 of The Local Government Act)					
	☐ Monthly	☐ Monthly (on the last day of each month)				
	☐ Twice M	☐ Twice Monthly (on the last day and the 15th of each month)				
Payment Amount						
(if Monthly or Twice Monthly	y): \$	\$ Commencement Date for amendment:				
I acknowledge that in favour of City of such time as notific amending the Dire	Darwin in respondation is received	ect of the Accounted in writing by Ci	t Number referre	d to and will rema	in in force until	
Signed:	igned:		Phone:		Dated:	
Office Use Only	•••••			•••••	••••••	
Account no:		Operator:		Date:		
Comments:						
					•	

City of Darwin only collects personal information that is required for, or related to, its functions and activities. If you do not provide City of Darwin with the requested information, we may be unable to complete this process. The information collected will be used and disclosed as outlined in our Privacy Policy, which is available on our website. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to access and correct any information about you. If you require access to, or have concerns regarding your information, please contact the Information Officer on (08) 8930 0300 or via email darwin@darwin.nt.gov.au

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