

Direct Debit Service Agreement Amendment Form



Account number/s:

Property Address:

Account Name:

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THE SCHEDULE

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 (On the last day of each month)
- Twice Monthly (On the last day and 15th of each month)

Payment Amount
(if Monthly or Twice Monthly)

\$

Commence Date for amendment:

In respect of the current Direct Debit Service Agreement provided by me/us to City of Darwin, I/we request you to alter the Schedule as per below.

I acknowledge that this request will supersede any prior Direct Debit arrangements authorised by me/us in favour of City of Darwin in respect of the Account Number referred to and will remain in force until such time as notification is received in writing by City of Darwin from me/us cancelling or otherwise amending the Direct Debit Request.

Signature:

| | |
|--------|-------|
| | |
| Phone: | Date: |

Office Use Only

Account no.:

Operator:

Date:

Comments:

Privacy Statement

The information requested in this form is being collected by Council for the purpose of updating our administrative systems to be able to carry out Council's functions. You may obtain access to your personal information held by Council by submitting a request for information form that is available on our website or from the "Information Officer" (08) 89300300.

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