

Request to Cancel/Amend/Defer a Direct Debit

| | |
|--------------------------|--|
| Date: | |
| Rate assessment: | |
| Property address: | |
| Owner's name: | |
| Email: | |
| Phone: | |
| Current payments: | \$ _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Weekly Fortnightly Monthly Half-yearly </div> |

Request type: *(select 1 only)* Advice of any changes must be received by Council at least five working days prior to the next scheduled drawing date.
If you require a change to your Bank Account details please complete a Rates Direct Debit Request Form.

Cancel Direct Debit

I hereby request this direct debit be cancelled effective from _____

Amend Direct Debit

I hereby request deductions be amended to:

\$ _____

Weekly Fortnightly Monthly Half-yearly

Commencing from _____

Defer Direct Debit

I hereby request:

Deductions be stopped from _____ *(inclusive)*

Deductions be resumed on _____

| | |
|--|--|
| Account holder's signature: <i>(or type name if completing electronically)</i> | |
|--|--|