

Rates Payment Arrangement for 2011 - 2012 Financial Year

Office Use Only

Surname: _____ Assessment No: _____

To the Rates Department.

Please accept this application to make official arrangements to pay all outstanding Rates and Services for the property listed below.

Assessment Number: _____

Property Address: _____

The payment schedule on the reverse of this application shows the amounts and dates on which I will be making each payment. *(Please circle dates in pen)*

As a part of forming this arrangement, I hereby agree to abide by my commitment and understand that if I am in default of this arrangement, then Council will commence immediate debt recovery procedures.

Upon the signing of this agreement, I also understand that an administration fee of **\$40.00** will apply along with penalty interest of 11.0% per annum calculated daily that will accrue on the outstanding balance until it is paid in full.

(Signature)

Name: _____

Postal Address: _____

Contact Phone Number: _____

Date: _____

Direct Debit Calendar

Please circle the dates you will be making payments.

Note: Direct debits ONLY occur on a **Friday**.

2011

July 2011

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2011

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2011

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2011

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2011

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2011

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

2012

January 2012

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March 2012

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2012

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
30						

I / We agree to make payments of \$ _____ on the dates circled above.

Signed: _____

Direct Debit Request – Bank Account Details

(Request to establish Debit Authority within the Direct Debit System)

<p>To be completed by customer</p> <p>Financial Institution Name: _____</p> <p>Institution Address: _____</p> <p>City, State and Postcode: _____</p>

I / We _____

(Customer Name/s giving Direct Debit Request)

Customer Residential Address: _____

Authorise the Shire of Murray ABN 16 036 156 261 with User ID Number 344611 to arrange for funds to be debited from my / our account, held with the Financial Institution identified above, as described in The Schedule below.

Payment Details

The payment is for: \$ _____ / week \$ _____ / fortnight \$ _____ / month

(Minimum of \$20 per week)

Password: _____ (This password must be quoted when making enquiries about the direct debit arrangement with the Shire.)

The Schedule

Details of account to be debited

Account held in the name(s) of: _____

Financial Institution's BSB:

Account Number: _____

(Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See attached Service Agreement Clause 5.)

Direct Debit Request Authorisation

I / We have read and understood the 'Service Agreement' overleaf and acknowledge and agree to it.

I / We request this Arrangement to remain in force in accordance with The Schedule described above and in compliance with the 'Service Agreement' overleaf.

Customer(s) Signature: _____ Date: _____

_____ Date: _____

Service Agreement

1. The Shire of Murray (the "Debit User") will debit the BSB/Account nominated in The Schedule of this Direct Debit Request as specified.
2. The Shire of Murray will give not less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
3. An administration fee of \$40.00 will be charged by The Shire of Murray for a Direct Debit plan.
4. Deductions will be made from your nominated account on a Friday until the debt is paid in full or otherwise agreed.
5. The customer(s) may request The Shire of Murray to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Requests authorising these changes may be made by phoning or written advice to The Shire of Murray. Customer(s) may change the:
 - Due Date of Payment
 - Payment Amount
 - Frequency of Payment

Customer(s) wishing to vary the drawing account details specified in The Schedule of this Direct Debit Request must provide signed authority for such changes to be effected.

6. In compliance with the Industry's Direct Debit Claims Process, The Shire of Murray will assist customer(s) disputing any payment amount drawn on the nominated BSB/Account in The Schedule of this Direct Debit Request. The Shire of Murray will endeavour to resolve this matter within the Industry agreed timeframes. Customer(s) may visit any branch of their financial institution and complete a "Direct Debit System Claim Request" form to initiate the process.
7. The Shire of Murray advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
8. It is the customer(s) responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing, to enable payment from the BSB/Account as nominated in The Schedule of this Direct Debit Request.
9. The Shire of Murray advises the debit drawing will be made on the agreed due date as nominated in The Schedule of this Direct Debit Request. When the due date is a closed business day The Shire of Murray will initiate the debit drawing on the next open business date. Customer(s) may direct processing inquiries to their financial institution.

A closed business day is defined as any calendar day on which the customer(s) financial institution is not open for direct debit processing. That is

- Weekends
 - Public Holiday – State
 - Public Holiday – National
10. Customer(s) who wish to cancel this Direct Debit Request must notify The Shire of Murray in writing not less than 7 days before the next scheduled debit drawing. This request may be directed to The Shire of Murray or to a customer(s) financial institution.
 11. The Shire of Murray may pass on to you any bank fees it may incur that relate to a dishonoured Direct Debit drawing. If your drawing is returned we will contact you to discuss alternate payment arrangements.
 12. The Shire of Murray requests the customer(s) to direct all inquires, disputes requests for payment changes or cancellation directly to them.
 13. The Shire of Murray agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.

Your Responsibilities to the Shire of Murray:

14. Ensure that your nominated account can accept Direct Debits.
15. Ensure that on the drawing date there are sufficient funds available in your nominated account.
16. Advise the Shire of Murray accordingly should your account be transferred or closed.
17. Provide information of any alterations to your existing arrangement to the Shire of Murray in writing.