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| **Request and Authority to Debit** |

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| --- | --- |
| Your Surname or Company Name |  |

|  |  |  |
| --- | --- | --- |
| Your Given Name or ABN |  | “you” |

request and authorise Moorabool Shire Council with APCA User ID number 300652 to arrange, a debit to your nominated account to pay for Rates and Charges for properties described within the direct debit properties to be paid section of this application form.

This debit will be arranged by Moorabool Shire Council’s financial institution and made through the Bulk Electronic Clearing System (BECS) from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

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| **Your Contact Details**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number |  | Mobile |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |
| --- | --- |
| Postal Address |  |
|  |  | Postcode |  |

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| **Property(s) to be paid**  |

The direct debit is for payment of Council Rates and Charges identified by the following Property Number(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3 |  |

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| **Direct Debit Schedule** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Special Payment Arrangement\* |
| 🞏 | Legislated Full Payment(15 February) | OR | 🞏 | Weekly in Full(Between 1 Sept & 15 Feb) | OR | Amount | $ |
| 🞏 | Legislated Instalments(30 Sept, 30 Nov, 28 Feb & 31 May) | 🞏 | Fortnightly in Full(Between 1 Sept & 15 Feb) | Regularity(Weekly, Fortnightly, Monthly) |  |
| 🞏 | 10 Alternative Instalments(15th of each month between Sept and June) | 🞏 | Monthly in Full(Between 1 Sept & 15 Feb) | Start DateFinish Date\*\* |  / / / / |

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| All direct debit schedules will automatically roll over in future financial years to reflect any updated amounts as shown on the Annual Rate and Valuation Notices, unless a finish date is nominated. Special Payment Arrangements will continue at the same amount and regularity for future financial years, unless a finish date is nominated. Please refer to the Direct Debit Request Service Agreement for details on how to change or cancel a direct debit. |
| \* Must be authorised by Council and relevant payment arrangement paperwork signed and returned to Council. Penalty interest may apply.\*\* If a finish date is quoted, any further payments via the Direct Debit payment channel will require the completion of a new Direct Debit Request form. |

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| **Details of Account to be debited (Council will not debit from credit card accounts)** |

|  |  |
| --- | --- |
| Institution Name |  |

 *(Insert name of Financial Institution at which your account is held)*

|  |  |
| --- | --- |
| Institution Address |  |
|  | Postcode |  |

 *(Insert address of Financial Institution at which your account is held)*

|  |  |
| --- | --- |
| Account held in the name(s) of |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BSB Number |  |  |  | - |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Number |  |  |  |  |  |  |  |  |  |

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| **Direct Debit Confirmation** |

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirmed that:

* You are authorised to operate on the nominated account; and
* You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

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| **Your Signature** |

Signed in accordance with the account authority held on your account:

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Signature |  | Date |  / / |

|  |
| --- |
| **Second Account Signatory (if account requires second signatory)** |

Signed in accordance with the account authority on your account:

|  |  |
| --- | --- |
| Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Signature |  | Date |  / / |

Contact Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number |  | Mobile |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |
| --- | --- |
| Postal Address |  |
|  |  | Postcode |  |

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| **Signing for a Company** |

You must be authorised to sign on behalf of the Company and you must have authority to operate the Company’s bank account\*.

|  |  |
| --- | --- |
| Signature of duly authorised officer\*\* |  |
| Position Held |  |
| Name |  |
| Date |  |

\* Where the applicant or bank account is in the name of a company, a valid ASIC (Australian Securities and Investment Commission) extract listing all current registered officeholders must be provided to Council in addition to this Direct Debit Request Form.

\*\* Where you are not a registered officeholder in regards to the company’s registration with ASIC, written authority from a company Director must be submitted in addition to this Direct Debit Request Form authorising you to act on behalf of and operate on the nominated bank account.

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| **Direct Debit Request Service Agreement** |

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| This is your Direct Debit Service Agreement with Moorabool Shire Council, APCA user ID number 300652 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation. |
| Definitions | ***account*** means the account held at your *financial institution* from which *we* are authorised to arrange for funds to be debited.***agreement*** means this Direct Debit Request Service Agreement between *you* and *us*.***banking day*** means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.***debit day*** means the day that payment by *you* to *us* is due.***debit payment*** means a particular transaction where a debit is made.***Direct Debit Request* *(DDR)*** means the written or online request between *us* and *you* to debit funds from your *account*.***us*** or ***we*** means Moorabool Shire Council, (the Debit user) *you* have authorised by requesting a *DDR*.***you*** means the customer who has authorised the *DDR*.***your financial institution*** means the financial institution at which you hold the *account* *you* have authorised us to debit. |
| 1. Debiting your account
 | * 1. By submitting a *DDR, you* have authorised *us* to arrange for the funds to be debited from *your account*. The *DDR* and this *agreement* set out the arrangement between *us* and *you*.
	2. *We* will only arrange for funds to be debited from your *account* as authorised in the *DDR*.
	3. If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit your *account* on the following *banking day*. If *you* are unsure about which day your *account* has or will be debited you should ask *your financial institution*.
 |
| 1. Amendments by *us*
 | * 1. *We* may vary any details of this *agreement* or a *DDR* at any time by giving *you* at least 14 days written notice, sent to the registered postal address held by Moorabool Shire Council.
 |
| 1. How to cancel or change direct debits
 | * 1. *You* can:
1. Cancel the *DDR*; or
2. Change account or debit schedules, or at any time by giving us at least 14 days notice before the next scheduled *debit day*.
	1. All changes to the *DDR* must be made in writing via the completion of a new *DDR* to ensure appropriate authorisation is provided.
	2. A cancellation must be in writing and mailed to PO Box 18, Ballan, Victoria, 3342 or emailed to info@moorabool.vic.gov.au.
	3. You may also contact *your financial institution*, which act promptly on your instructions.
 |
| 1. *Your* obligations
 | * 1. It is your responsibility to ensure that there are sufficient clear funds available in youraccount to allow a *debit payment* to be made in accordance with the *DDR*.
	2. If there are insufficient clear funds in youraccount to meet a *debit payment*:
1. *You* may be charged a fee and/or interest by *your financial institution;*
2. *We* may charge you reasonable costs incurred by *us* on account of there being insufficient funds;
3. *You* must arrange for the *debit payment* to be made by another method; and
4. After three consecutive dishonoured *debit payments* *your DDR* will be cancelled.
	1. *You* should check your *account* statement to verify that the amounts debited from your *account* are correct.
 |
| 1. Dispute
 | * 1. If you believe there has been an error in debiting your *account,* you should notify us directly via info@moorabool.vic.gov.au or by calling (03) 5366 7100. Alternatively, you can contact your financial institution for assistance.
	2. If *we* conclude as a result of our investigations that your *account* has been incorrectly debited we will respond to yourquery by arranging within a responsible period for a refund to your nominated account.
	3. If *we* conclude as a result of our investigations that youraccount has not been incorrectly debited *we* will respond to your query by providing *you* with the reasons and any evidence for this finding in writing.
 |
| 1. Accounts
 | *You* should check:1. With *your financial institution* whether direct debiting is available from your *account* as direct debiting is not available through BECS on all accounts offered by financial institutions.
2. Your *account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
3. With *your financial institution* before completing the *DDR* if you have any queries about how to complete the *DDR*.
 |
| 1. Confidentiality
 | * 1. *We* will keep any information (including your *account* details) in your *DDR* confidential. *We* will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.
	2. *We* will only disclose information that *we* have about *you*:
1. To the extent specifically required by law; or
2. For the purposes of this *agreement* (including disclosing information in connection with any query or claim).
 |
| 1. Contacting each other
 | * 1. If *you* wish to notify *us* in writing about anything relating to this *agreement,* you should write to:
1. PO Box 18, Ballan, Victoria, 3342; or
2. Email info@moorabool.vic.gov.au
	1. *We* will notify *you* by sending a notice to the registered postal address you have with Council. Any notice will be deemed to have been received on the second *banking day* after sending.
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