

Direct Debit Request

Request and Authority to debit the account named below to pay Shoalhaven City Council.






<p>Request and Authority to debit</p>	<p>Surname or company name</p> <p>.....</p> <p>Given names or ACN/ARBN..... ('you')</p> <p>request and authorise Shoalhaven City Council ID No. 115266 to arrange for any amount Shoalhaven City Council may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (<i>and any further instructions provided below</i>).</p>																				
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial Institution name.....</p> <p>Address</p> <p>.....</p>																				
<p>Insert details of account to be debited</p>	<p>Name of account (e.g. M. Smith).....</p> <table border="1" data-bbox="544 1068 1479 1152"> <tr> <td>BSB number</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" data-bbox="544 1170 1479 1254"> <tr> <td>Account number</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	BSB number										Account number									
BSB number																					
Account number																					
<p>Acknowledgement</p>	<p>By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Shoalhaven City Council as set out in this Request and in your Direct Debit Request Service Agreement.</p>																				
<p>Debits</p>	<p>Debits may be made fourteen days after the issue of a billing advice.</p>																				
<p>Insert your signature and postal address</p>	<p>Signature</p> <p><i>(If signing for a company, sign and print full name and capacity for signing eg. director)</i></p> <p>Postal Address.....</p> <p>.....</p> <p>.....</p> <p>Date: / / Telephone No.</p>																				
<p>Account No.</p>																					

Privacy Notification
 The information requested on this form is being collected in order that your account may be debited in favour of Shoalhaven City Council. The information will be used by staff of Council and the nominated financial institution for the purpose mentioned or a directly related purpose. This information is provided on a voluntary basis and you may apply to Council for access or amendment of the information at any time.

Direct Debit Request Service Agreement



<p>Definitions ➔</p>	<p><i>account</i> means the account held at your <i>financial institution</i> from which we are authorised to arrange for funds to be debited.</p> <p><i>agreement</i> means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p><i>business day</i> means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p><i>debit day</i> means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p><i>debit payment</i> means a particular transaction where a debit is made.</p> <p><i>direct debit request</i> means the Direct Debit Request between <i>us</i> and <i>you</i> (and includes any Form PD-C approved for use in the <i>transitional period</i>).</p> <p><i>transitional period</i> means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000) and concluding 12 calendar months from that date.</p> <p><i>us</i> or <i>we</i> means Shoalhaven City Council you have authorised by signing a <i>direct debit request</i>.</p> <p><i>you</i> means the customer who signed the <i>direct debit request</i>.</p> <p><i>your financial institution</i> is the financial institution where you hold the account that <i>you</i> have authorised <i>us</i> to arrange to debit.</p>
<p>Debiting your account ➔</p>	<p>1.1 By signing a <i>direct debit</i> request, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i>. <i>You</i> should refer to the <i>direct debit request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i>.</p> <p>1.2 <i>We</i> will only arrange for funds to be debited from <i>your account</i> if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.3 If the <i>debit day</i> falls on a day that is not a <i>business day</i>, <i>we</i> may direct your <i>financial institution</i> to debit <i>your account</i> on the following <i>business day</i>.</p> <p>If <i>you</i> are unsure about which day <i>your account</i> has or will be debited <i>you</i> should ask your <i>financial institution</i>.</p>
<p>Changes by us ➔</p>	<p>2.1 <i>We</i> may vary any details of this <i>agreement</i> or a <i>direct debit request</i> at any time by giving <i>you</i> at least fourteen (14) days' written notice.</p>
<p>Changes by you ➔</p>	<p>3.1 You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days) notification by writing to: Shoalhaven City Council, PO Box 42, NOWRA 2541 OR by telephoning us on 02 4429 3111 during business hours; OR arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us, Shoalhaven City Council your new account details</p> <p>3.2 If <i>you</i> wish to stop or defer a <i>debit payment</i> you must notify <i>us</i> in writing at least (14) days before the next <i>debit day</i>. This notice should be given to <i>us</i> in the first instance.</p> <p>3.3 <i>You</i> may also cancel <i>your</i> authority for <i>us</i> to debit your account any time by giving <i>us</i> (14) days notice in writing before the next <i>debit day</i>. This notice should be given to <i>us</i> in the first instance.</p>
<p>Your obligations ➔</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>direct debit request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <p>(a) <i>you</i> may be charged a fee and/or interest by your <i>financial institution</i>;</p>

<p>Your obligations contd/... </p>	<p>(b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and</p> <p>(c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that <i>we</i> can process the <i>debit payment</i>.</p> <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct.</p>
<p>Dispute </p>	<p>5.1 If <i>you</i> believe that there has been an error in debiting <i>your account</i>, <i>you</i> should notify <i>us</i> directly on Phone Number 4429 3136 and confirm that notice in writing with <i>us</i> as soon as possible so that <i>we</i> can resolve <i>your</i> query more quickly.</p> <p>5.2 If <i>we</i> conclude as a result of our investigations that <i>your account</i> has been incorrectly debited <i>we</i> will respond to <i>your</i> query by arranging for <i>your financial institution</i> to adjust <i>your account</i> (including interest and charges) accordingly. <i>We</i> will also notify <i>you</i> in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If <i>we</i> conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited <i>we</i> will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding.</p> <p>5.4 Any queries <i>you</i> may have about an error made in debiting <i>your account</i> should be directed to <i>us</i> in the first instance so that <i>we</i> can attempt to resolve the matter between <i>us</i> and <i>you</i>. If <i>we</i> cannot resolve the matter <i>you</i> can still refer it to <i>your financial institution</i> which will obtain details from <i>you</i> of the disputed transaction and may lodge a claim on <i>your</i> behalf.</p>
<p>Accounts </p>	<p>You should check:</p> <p>(a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available on all accounts offered by financial institutions.</p> <p>(b) <i>your account</i> details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent <i>account</i> statement; and</p> <p>(c) with <i>your financial institution</i> before completing the <i>direct debit request</i> if <i>you</i> have any queries about how to complete the <i>direct debit request</i>.</p>
<p>Confidentiality </p>	<p>7.1 <i>We</i> will keep any information (including <i>your account</i> details) in <i>your direct debit request</i> confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <p>(a) to the extent specifically required by law; or</p> <p>(b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).</p>
<p>Notice </p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this <i>agreement</i>, <i>you</i> should write to Shoalhaven City Council, PO Box 42, Nowra 2541.</p> <p>8.2 <i>We</i> will notify <i>you</i> by sending a notice in the ordinary post to the address <i>you</i> have given <i>us</i> in the <i>direct debit request</i>.</p> <p>8.3 Any notice will be deemed to have been received two <i>business days</i> after it is posted.</p> <p>8.4 Please return completed application to: Shoalhaven City Council, PO Box 42, Nowra NSW 2541.</p>