



Annual Direct Debit Request

OFFICE USE ONLY

REF No:

Surname:

End Date:

Customer Name

Postal Address

Phone Number (home)..... (mobile)

Email

DIRECT DEBIT OPTIONS (Please select one) Would you like your direct debit to be taken from your Bank Account or Credit Card?

Bank Account

Financial Institution

Account Name

BSB

Account Number

Signature(s)

Credit Card (Monthly or Full payment only)

Card Type ☐ Visa ☐ Mastercard

Name on Card

Credit Card No.

Expiry Date/...../.....

Signature(s)

(All named account holders to provide signatures)

Property Details

Rates

Assessment Number:

Property address:

Amount: \$

Commencing:/...../.....

☐ I understand that this authority is for a one off payment, new authority forms will need to be completed annually.

Authorisation

I/we request and authorise Central Coast Council (User Id 064381) to arrange for agreed payment option to be debited from the account at the financial institution / credit card issuer identified above.

Signature(s) 1 Signature 2

Date:/...../.....

(Please select one) Would you like your direct debit to be taken from your Bank Account or Credit Card?

Return the completed Form to the Council's Administration Centre, 19 King Edward Street, Ulverstone. Or, email a good quality scan of the Form to cashier@centralcoast.tas.gov.au