CENTRAL COAST COUNCIL	C	Direct Deb	it Request	OFFICE USE ONLY REF No: Surname: End Date:
Customer Name				
Postal Address				
Phone Number	(home)		(mobile)	
Email				
DIRECT DEBIT OPTIC	<b>)NS</b> (Please sele	ct one) Would you like	e your direct debit to be take	en from your Bank Account or Credit Card
Bank Account			Credit Card (Month	nly or Full payment only)
Financial Institution			Card Type	🗆 Visa 🗆 Mastercard
Account Name			Name on Card	
BSB			Credit Card No.	
Account Number			Expiry Date	
Signature(s)			Signature(s)	
			rs to provide signature	25)
PREFERRED PAYMEN				
	Rates	Childcare		Misc Payment
Rates			Other	
Property number:	Debtor No / other			
Property address: .				
Frequency:( please circle		Weekly* I	<b>2</b>	
*Weekly and Fortnightly av	ailable on Friday o	nly. ^Monthly dedu	ctions occur on 28 <sup>th</sup> , or c	closest working day
Amount: \$				
Commencing:				
Final Payment Date:		/	Or continuous	
Authorisation				
I/we request and author debited from the accour			-	agreed payment option to be l above.
Signature(s) 1	Signature 2			
Date:		./		

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