

PRINCIPAL OFFICE:
8 Elizabeth Street, Maitland
Telephone (08) 8832 0000

ALL CORRESPONDENCE TO:
PO Box 57, MAITLAND, SA 5573
Fax (08) 8853 2494
Email: admin@yorke.sa.gov.au
Website: www.yorke.sa.gov.au



SF198A - Direct Debit Request Form

Request and Authority to debit the account named below to pay Yorke Peninsula Council

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN / ARBN _____ "You"

Property Assessment Number/ Address _____

request and authorise **Yorke Peninsula Council ID 106709** to arrange, through its own financial institution, a debit to Your nominated account any amount **Yorke Peninsula Council**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ____ - ____

Account number _____

Payment Frequency

Choosing one of these options will automatically debit the amount owing on your account, on the due date. (as shown on a Rates Notice that will be sent at least 30 days before the due date)

Please tick: - Quarter Annum

Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and **Yorke Peninsula Council** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____
(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

Second account signatory

(if required)

Signature _____
(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____