

CONDITIONAL DIRECT DEBIT REQUEST FORM

By signing this document, I/We request and authorise: **Adelaide Hills Council**, ABN: **23 955 071 393** and Debit User ID: **139587** to arrange, through its own financial institution a debit to your nominated account any amount **Adelaide Hills 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.

This authority is to remain in force until the Final Payment Date specified or until further notice if no Final Payment Date is specified.

The Schedule

Account Name:

Address:

Contact Telephone Numbers:

Signature(s):

If debiting from a joint bank account, both signatures are required

Date:

Assessment Number:

Name and Branch of Financial Institution:

BSB No.:

Account No.:

Cheque or Savings a/c only

First Payment Date:

Final Payment Date:

Please debit: \$ _____ from the above account:-

Annually

Quarterly

(Please circle one)

Post:
PO Box 44, WOODSIDE SA 5244

Telephone: (08) 8408 0400
Fax: (08) 8389 7440

Website: www.ahc.sa.gov.au
Email: mail@ahc.sa.gov.au

