

## Sarromine APPLICATION TO MAKE REGULAR PAYMENTS

□   Please ☑	New Ap	plicatio	n		Change	Exist	ing		
	Rates		W	ater $\square$	Rates	s & W	ater		Sundry Debtor
PERSONAL DE									,
Name Property									
Address									
Email Address									
Phone			Mob	ile					
Postal									
Address	ess Street		0						
	PO Box No								
		Name quired if PO	Э Вох						
	Town						P/Coc	de	
				T					
Account Number		Rates			Water			Sundry Debtor	
Total Outstand	\$			\$			\$		
Payment Amount		\$			\$			\$	
Frequency Please 🗹		□ Weekly			☐ Fortnightly			☐ Monthly	
Method of Payment Please ☑		□ BPa	v I	ICentrepay	☐ Ausp	oost	□ Direct	Debit*	☐ In Person
		U		· · ·			1		1
*Direct Debit forms can be found on Council's website									