



Narromine Shire Council
 120-124 Dandaloo Street
 Narromine NSW 2821
 Ph: 02 6889 9999 Fax: 02 6889 9998
 mail@narromine.nsw.gov.au
 www.narromine.nsw.gov.au

DIRECT DEBIT REQUEST (DDR)

Request and Authority to debit	<p><i>Request and Authority to debit the account named below to pay</i></p> <p>NARROMINE SHIRE COUNCIL APCA ID 405550</p>
	Your Surname or Company Name
	Your Given Names "you"
	request and authorize Narromine Shire Council, User ID 405550 to arrange, through its own financial institution, a debit to your nominated account any amount Narromine Shire Council has deemed payable by <i>you</i> .

RATES PAYMENT OPTION	WATER PAYMENT OPTION
<input type="checkbox"/> RATES ASSESSMENT NO:..... <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY (4) Instalments as shown on rates notice <input type="checkbox"/> ANNUALLY As per rate notice due 31st August* AMOUNT \$ <input style="width: 100px;" type="text"/> START DATE <input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> * If the instalment date falls due on a weekend or public holiday the instalment will be due on the next working day.	<input type="checkbox"/> WATER ACCOUNT NO:..... <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> FULL BALANCE due as shown on water account AMOUNT \$ <input style="width: 100px;" type="text"/> START DATE <input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>

This debit or charge will be made though 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.	DEBTOR PAYMENT OPTION
Insert the name and address of financial institution at which your account is held	<input type="checkbox"/> DEBTOR ACCOUNT NO:..... <input type="checkbox"/> FULL BALANCE <input type="checkbox"/> MONTHLY (Prior approval must be obtained)
	AMOUNT \$ START DATE / /

Insert details of account to be debited	Name/s as shown on Bank account											
	BSB Number	(Must be 6 digits)										
								-				
ACCOUNT NUMBER												

Acknowledgement 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 debit arrangements between you and **Narromine Shire Council** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature, address and phone number.	NAME										
	ADDRESS										
	PHONE NO:										
	POSITION:	(If signing for a company, sign and print full name and capacity for signing). eg; Director									
Second account signatory (if required)	NAME										
	SIGNATURE										