

Direct Debit Application Form

Please complete a separate Direct Debit Application Form for each property and return the original(s) to the City of Port Adelaide Enfield.

Assessment Details

Assessment Number:
Name(s) of Property Owner(s):

Valuation Number:

I would like to commence my quarterly deductions from: / /

The Council will determine and advise, in writing, whether your application has been accepted and, if accepted, the amount of the first deduction and the date of that deduction. The amount owing for the instalment (plus any arrears) will be automatically deducted on the date that the instalment falls due. The amount and date are shown on the Rate Notice.

Your Authority

I acknowledge that I have read, understood and accepted the terms and conditions governing the debit arrangements as set out in the Direct Debit Service Agreement and the Direct Debit Application Form. I confirm that the details on the Application Form have been checked and are correct.

Your Full Name:

Daytime Contact Number:

Signature:

Dated: / /

Account Details

I/We authorise the City of Port Adelaide Enfield (User ID No. 303822) to debit my/our account below under the Bulk Electronic Clearing System with any amount the City of Port Adelaide Enfield may debit or charge, subject to the terms and conditions of the Direct Debit Service Agreement. **(Note: Credit Cards are not accepted).**

Name of Bank or Financial Institution:

Branch of Account:

BSB Number (6 digits):

Account Number:

The account is: Savings Cheque (only these account types accepted).




Name(s) of Account Holders:

Account Signatures:

(All signatories to sign form)

Disclaimer

It is your responsibility to ensure there are sufficient clear funds available in your bank account to allow a direct debit payment to be made in accordance with the Direct Debit Application Form. The City of Port Adelaide Enfield will recover all fees and charges resulting from dishonoured or returned debits, as per our Direct Debit Service Agreement.

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