

## **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:	Valuation Number:
Name(s) of Property Owner(s):	
Which quarter would you like your deductions to start?	
First Quarter (July to September)	Second Quarter (October to December)
Third Quarter (January to March)	Fourth Quarter (April to June)
	application has been accepted. The amount owing for the instalment that the instalment falls due. The amounts & due dates are listed on
Your Authority	
	e terms and conditions governing the debit arrangements as set out Application Form. I confirm that the details on this Application Form
Your Full Name:	Daytime Contact Number:
Signature: (Please prin	t out and sign.) Dated:
Email Address:	
Account Details	
	to. 303822) to debit my/our account below under the Bulk Electronic elaide Enfield may debit or charge, subject to the terms and conditions e not accepted).
Name of Bank or Financial Institution:	
Branch Suburb Name:	
BSB Number (6 digits):	Account Number:
The account is: Savings or Cheque	e (only these account types accepted).
Name(s) of Account Holders:	
Account Signatures:	
(Please print out and sign. All signo	itories 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.