

# RATES PAYMENT ARRANGEMENT FORM



**Payment arrangements help spread your rates payments out over a longer period.**

This means you can make regular weekly, fortnightly, or monthly payments. The minimum payment that Council can accept will depend on your current rates balance and how often you elect to pay. The aim should be to pay arrears balances in full within three months. If you have defaulted on previous payment arrangements, you may find your request is not accepted. This is assessed on a case-by-case basis. **No arrangement will be put in place until this completed form has been received by Council.**

## ASSESSMENT DETAILS

Assessment number: \_\_\_\_\_ Valuation number: \_\_\_\_\_

Name/s of property owner/s: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IMPORTANT:** Council can accept a payment plan for your rates that will pay the arrears balances in full within 3 months. Please use this timeline to determine your payment frequency and amount. For significant arrears balances where this is not achievable or where financial hardship provisions apply, please contact the Rates Team ([service@cityofpae.sa.gov.au](mailto:service@cityofpae.sa.gov.au) or 8405 6600) to negotiate a payment plan tailored to your individual circumstances.

Current arrears balance: \_\_\_\_\_

### OPTION 1

I am seeking an extension: ☐ **2 weeks** ☐ **1 month**

Amount: \_\_\_\_\_ Payment date: \_\_\_\_\_

☐ I/we understand future quarters are to be paid in full on the due date, or a new payment arrangement application is to be submitted.

### OPTION 2: ONGOING until no longer in arrears

Frequency: ☐ **Weekly** ☐ **Fortnightly** ☐ **Monthly**

Amount: \_\_\_\_\_ First payment date: \_\_\_\_\_

☐ I will set up my own recurring BPAY transaction via my internet banking OR

☐ I wish to have Council deduct from my account (see Page 2)

## DECLARATION

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_

### By signing this form, I declare that:

- I am the owner and/or principal ratepayer responsible for the payment of rates associated with the rate account on Page 2 of this form, and
- I have read, understood, and agreed to abide by the Terms and Conditions outlined herein, and
- I acknowledge and accept the commitment to remit payment in accordance with the agreed upon payment schedule as specified above, fully recognising that failure to do so may result in further actions as outlined in the Terms and Conditions on Page 2 of this form.

Please return this form in person to any of our Customer Service Centres OR to: Email:

[service@cityofpae.sa.gov.au](mailto:service@cityofpae.sa.gov.au) OR PO Box 110, Port Adelaide, SA 5015. After assessing your completed form, we will notify you in writing regarding the status of your application.

## YOUR AUTHORITY FOR DIRECT DEBIT

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 this Application Form have been checked and are correct.

Full name/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_

## 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 the agreed 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 Suburb Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account number: \_\_\_\_\_

This account is: ☐ Savings or ☐ Cheque *(only these account types accepted)*

Name(s) of Account Holders: \_\_\_\_\_

Account Signature: \_\_\_\_\_

**NOTE:** Weekly/fortnightly payments can commence on **Tuesdays or Thursdays** only. Monthly payments will be deducted on the **first (1<sup>st</sup>) Thursday of each month**. Direct Debit will commence on your nominated date OR the closest Tuesday or Thursday following.

## TERMS AND CONDITIONS

I/we agree to make regular payments as outlined below; if I/we am/are unable to make the agreed payment at the scheduled time I/we will contact The City of Port Adelaide Enfield in writing advising of missed payment. I/we acknowledge that failure to advise of missed payment/s will be regarded as an automatic default, [service@cityofpae.sa.gov.au](mailto:service@cityofpae.sa.gov.au).

- I/we acknowledge that repeated missed payments, even if notified to Council, may be regarded as a default.
- I/we are aware that the balance of arrears will continue to accrue monthly interest and quarterly fines applied in accordance with the Local Government Act 1999, and which are also payable.
- I/we understand that all payments received will be allocated in the following order and as applicable: Legal charges, fines, interest, rates in arrears, pursuant to Section 183 of the Local Government Act 1999.
- By submitting this application, I/we acknowledge and accept that the payment arrangement outlined below will cover the full-rate arrears balance, including any accrued interest, fines, debt collection and legal fees that may be applied.
- I/we acknowledge and accept that Council reserves the right to escalate this file and/or resume legal action without further notice, should I/we fail to honour the agreed payment arrangement outlined below.
- **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.