



We will handle any personal information you have provided in this form in accordance with the Privacy and Data Protection Act 2014. Our privacy policy contains information about how you may access your personal information and seek correction of such information; as well as how to complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. For more information, please see our [Privacy Policy](#) or contact our team on (03) 5391 4444. Your personal information will not be disclosed to any other party unless Council is required to do so by law, has gained your consent to do so or an information privacy principle exemption applies.

### Request and Authority to debit the account named below to pay Hindmarsh Shire Council

Fields marked with a red asterisk (\*) must be filled out.

#### Request and Authority to debit

Your Surname or company name\*:

Your Given name/s or ABN/ARBN\*:

“You” request and authorise, **Hindmarsh Shire Council** User ID 509784, to arrange, through its own financial institution, a debit to your nominated account any amount **Hindmarsh Shire Council**, has deemed payable by *you*.

This debit or charge will be made through 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.

#### Financial Details

Financial Institution Name:

Address:

#### Details of Account to be debited

Name/s on account:

BSB number (Must be 6 digits): |\_\_ \_\_ \_\_ - \_\_ \_\_ \_\_|

Account Number:

Date to Commence (dd/mm/yy):

Set amount per frequency

Pay amount in full

Other (please specify)



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

**Applicant Signature** (if signing for a company, sign and print full name and capacity for signing e.g. director)

Signature\*:

Name printed\*:

Address:

Assessment Number:

Phone:

Date\*:

**Second Account Signatory** (if required) (if signing for a company, sign and print full name and capacity for signing e.g. director)

Signature\*:

Name printed\*:

Address:

Assessment Number:

Phone:

Date\*: