

CHANGE OF DIRECT DEBIT DETAILS - AMOUNT ONLY

Port Macquarie-Hastings Council
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Ref: D2019/347281

pmhc.nsw.gov.au

PURPOSE OF THIS FORM

Complete this form if you would like to change the amount of your existing Rates, Water or Debtor direct debit.

OWNER/S AND PROPERTY DETAILS

Surname or Company Name	
Given Name/s or ACN/ABN	
Rates Assessment Number	
Water Assessment Number	
Debtor Account Number	
Property Address	

IF CHANGES TO RATES OR WATER

	Current Amount	New Amount	Frequency		
Rates	\$	\$	Weekly	Fortnightly	Monthly
Water	\$	\$	Weekly	Fortnightly	Monthly
Commencement date (Thursday)					

IF CHANGES TO DEBTOR

	Current Amount	New Amount	
Debtor	\$	\$	

Yearly CPI Adjustment to direct debit

CPI increase is added yearly to Rental Accounts (for further information refer www.abs.gov.au). Please indicate below if you would like your direct debit amount automatically adjusted each year to include the increase.

Agree to adjust direct debit by yearly CPI

Decline to adjust direct debit by yearly CPI

CONTACT DETAILS

Postal Address	(Select if same as property address)
Postal Address if not same	
Email Address	
Contact number	

YOUR ACCOUNT DETAILS

Name/s on account:			
Financial institution name:			
BSB Number (must be 6 digits)		Account Number	

CONFIRMATION

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you confirm that:

- You are authorised to operate the nominated account; and
- You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit request Service Agreement

Signed in accordance with the account authority on your account:

Your Signature		Date	
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SECONDARY ACCOUNT SIGNATORY (if required)

Signed in accordance with the account authority on your account:

Signature:		Name:	
Address:		Email:	
Phone:		Date:	

SIGNING FOR A COMPANY

You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.

Signature of duly authorised officer:			
Position held:		Name:	
Address:		Email:	
Phone:		Date:	

Second company signatory (if required)

Signature of duly authorised officer:			
Position held:		Name:	
Address:		Email:	
Phone:		Date:	