

Complete online form or download the pdf ensuring all fields are completed and signed.

Return signed document to the City of Vincent (**City**) by mail to: City of Vincent, PO Box 82, Leederville WA 6902 or email at: [rates@vincent.wa.gov.au](mailto:rates@vincent.wa.gov.au) or in person at the City's Administration Building at: 99 Loftus Street, Leederville WA.

## Direct Debit Amendment Request (DDAR)

Ratepayer Details			
Surname or Company Name:			
Given names or ABN/ACN:			
Property Address:		Assessment Number*: <i>(*located on your rates notice)</i>	
Postal Address:			
Email Address:			
Phone Number:			
The best way for us to write to you is by using the above <b>email</b>		or <b>address</b>	<i>(please tick relevant box)</i>

Direct Debit Amendment Details:	
<i>Please complete the relevant section.</i>	
Reason for amending the direct debit:	

Update amount to be debited and frequency: <i>Please provide updated information.</i>			
<input type="checkbox"/>	Weekly (Fridays)	<input type="checkbox"/>	Fortnightly (Fridays)
<input type="checkbox"/>	Monthly (Fridays)		
Start date:		End date:	
Amount:	\$		

New bank account details:			
<i>Note: Direct debits are only available on a cheque or savings account. If in doubt, check with your financial institution.</i>			
Account in the name of:			
Bank:		Branch:	
BSB:		Account No:	

Continue Payments: <i>elect one option below</i>			
<input type="checkbox"/>	Yes, until further notice	<input type="checkbox"/>	No, provide end date:

## Confirmation and Authorisation

I/We (the undersigned) hereby:

- authorise and request the City of Vincent (user ID 609648) to arrange, through its own financial institution, a debit to my/our nominated account of any amount the City of Vincent has determined as payable by me/us pursuant to the *Local Government Act 1995 (WA) (Act)*;
- acknowledge and agree that this debit or charge will be made through the bulk electronic clearing system (**BECS**) from my/our account held at the financial institution I/we have nominated and will be subject to the terms and conditions of the Agreement; and
- acknowledge and agree that this Direct Debit Authority will remain in force and will only be cancelled, deferred or otherwise altered in accordance with this Agreement or until such time as I/we notify the City of Vincent in writing.

Signed in accordance with the account authority on my/our account.

I/We understand and agree:

- a) to the terms and conditions contained in this Agreement; and
- b) that by signing this Agreement, I/we authorise the City of Vincent to arrange for funds to be debited from my/our account.

### If an individual - sign here:

Authorised Signatory to the account		Authorised Second Signatory to the account <i>(if required)</i>	
Sign here:		Sign here:	
Name in full:		Name in full:	
Date signed:		Date signed:	

### If a company with more than one Director/Secretary - insert company details and sign here:

Executed by:		Pty Ltd ACN:		in accordance with section 127 of the Corporations Act 2001 (Cth).
Position held: Director		Position held: Other Director/Secretary		
Sign here:		Sign here:		
Name in full:		Name in full:		
Date signed:		Date signed:		

### If a Sole Director/Secretary company - insert company details and sign here:

Executed by:		Pty Ltd ACN:		in accordance with section 127 of the Corporations Act.
Position held: Director				
Sign here:				
Name in full:				
Date signed:				

### Office use only

Executed on:				
Executed for the City of Vincent pursuant to delegated authority				
Title of officer having delegated authority				
Full Name:				
Name of Rates Officer entering data:				
Signed:				
Checked by:				
Signed:				