

Change of Bank Account Details Application

Owner Details:																
Surname: <i>Account Holder</i>	Surname: <i>Joint Account Holder</i>															
Given Names:	Given Names:															
Home Number:	Home Number:															
Mobile Number:	Mobile Number:															
Email:	Email:															
If Ownership is in a Company/Trust name, please complete this section																
Company/Trust Name:																
ABN/ARBN Number:																
Position held with Company/Trust:																
Phone/Mobile Number:																
<p><small>“You” request and authorise City of Mandurah 126205 to arrange a debit to your nominated account to pay for Rates & Charges. This debit or charge will be arranged by City of Mandurah’s financial institution and made through the Bulk Electronic Clearing System Framework (DECS) from your nominated account and will be subject to the Terms and Conditions of the Direct Debit Request Service & Payment Agreement. Refer to the City of Mandurah’s website www.mandurah.wa.gov.au.</small></p>																
Property Details:																
Assessment Number:																
Property Address:																
Suburb:	Postcode:															
<p>Full Name (s) of account is held in: _____</p> <p>Bank Name and Branch: _____</p> <p>BSB Number (6 digits) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>Account Number (Maximum of 9 digits) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 300px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>																
<p>Note: Cheque or Savings account ONLY <input checked="" type="checkbox"/></p> <p>New Bank Account Details: If bank details are held in joint names, both signatures are required</p>																

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Amend period to: Weekly Fortnightly Monthly Annually

Amend Amount to: \$

Commencement Date:

- Do you wish for this direct debit to **continue** until you advise the City of Mandurah to cancel ? **YES** / **NO**
- Do you wish for this direct debit to **end June 30th** ? **YES** / **NO**

(Please mark **ONLY** one of the above)

When providing BANK DETAILS, please complete the below section and return to rates@mandurah.wa.gov.au
If not signed, this form will **NOT** be accepted & will be returned to you.

Your Signature

Signed in accordance with the account authority on your account:

Signature: _____

Date: _____

Second Account Signatory
(if required)

Signed in accordance with the account authority on your account:

Signature: _____

Date: _____

Signing for a Company/Trust
Evidence **MUST BE attached**

You must be authorised to sign on behalf of the Company/Trust **AND** you must have authority to operate the Company/Trust bank account.

Signature of Duly Authorised Officer

Position Held: _____

Full Name: _____

Address: _____

Email: _____

Phone Number: _____

Date: _____

Second Company Signatory
(if required)

Position Held: _____

Full Name: _____

Address: _____

Email: _____

Phone Number: _____

Date: _____

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

- i You are authorised to operate the nominated account; and,
- ii You have understood and agreed to the Terms and Conditions set out in this Request and in your Direct Debit Request Service & Payment Agreement.

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Terms and Conditions for Acceptance to Change of Bank Details for Rates and Charges.

1. As per our **Direct Debit Request Service & Payment Agreement** (refer to the City of Mandurah's website)
2. I/We understand that if the payment arrangement offer exceeds the allowable period, it may not be approved by council.
3. The City of Mandurah is under no obligation to accept or amend an alternative payment arrangement.
4. My/Our failure to honour the payment arrangement may result in legal action being taken without further notice for the full recovery of all monies including any associated legal costs.
5. Penalty interest at the rate of **7% per annum** will apply to the overdue balance of Rates and Charges.
For those assessments with an eligible rebate holder (Pensioner/Senior) the interest charges do not apply.
6. The account will not be considered as finalised until the penalty interest is paid in full. I/We will ascertain the value of penalty interest and ensure that the sum will be paid with the final payment.
7. I am authorised to enter into this payment arrangement on behalf of all owners of this property (If applicable)
8. If I/we intend to **change** the method of payment, I/we will give **14 days' notice** for any changes.
9. **Payment Arrangements should be worked out to be completed before the end of May. Those going over this time period will require approval and will only be considered for hardship under our Hardship Policy.** *Additional information will be required to support your application for Hardship.*
10. If paying by **direct debit** and payment **dishonours**, a dishonour fee of \$2.75 will be applied to your Rates & Charges.
11. If a payment dishonours 3 times, your direct debit will be cancelled and **FULL** payment (including interest) is required within **14 days**. You will NOT be permitted to recommence a new direct debit for 12 months.