

Authority to Cancel/Amend Direct Debit



GLENORCHY CITY
Where ideas happen.

CURRENT DETAILS

Owner/Ratepayers Name/s: _____

Property ID: _____ Property Address: _____

Phone Contact Number: _____ Current Frequency: W F M I Y

Current DD Amount: \$ _____ Next Payment Date as shown on Schedule ____ / ____ / ____

Change Type: Cancellation Amount Acc Details Date Frequency Postpone

Reason for Change: _____

Date these details take effect: ____ / ____ / ____

NEW DETAILS

Financial Institution (Bank): _____ New DD Amount: \$ _____

Account Name: _____

BSB: _ _ - _ _ _ Account Number: _____

New Frequency: Weekly Fortnightly Monthly Instalment Annually

Additional Information: _____

I/We Authorise Glenorchy City Council to change the details of my/our Direct Debit Agreement as above:

Signed: _____ Date: ____ / ____ / ____

Print Full Name: _____ *Note; Please allow five working days for changes to take place*

Mail: Po Box 103, Glenorchy 7010 Email: gccmail@gcc.tas.gov.au

RATES OFFICE USE ONLY

Processed By: _____ Date Processed: ____ / ____ / ____

Balance: \$ _____ R/N Memo DDS Ph/Email

RATES OFFICE USE ONLY

Internal Amendment Time: _____

By: _____ Date Taken: ____ / ____ / ____