Authority to Cancel/Amend Direct Debit

CURRENT DETAILS

CORREIN DETAILS	
Owner/Ratepayers Name/s:	GLENORCHY CITY COUNCIL
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): N	ew 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	
By signing I authorise Glenorchy City Council to update my details listed within this form.	
Mail: Po Box 103, Glenorchy 7010 Email: gccmail@gcc.tas.gov.au	
	OFFICE USE ONLY
Processed By: Date Processed: Int	ernal Amendment Time:
Balance: \$ R/N Memo DDS Ph/Email By:	Date Taken: