

AMENDMENT TO DIRECT DEBIT DEDUCTION

OFFICE USE ONLY

Record No: _____

Date: ____/____/____

RATEPAYER/PROPERTY DETAILS

Ratepayer Name	
Assessment Number	
Property Location	
Contact Number	
Email Address	

AMENDMENT

☐ **Change the deductions to**

☐ Weekly
 ☐ Fortnightly
 ☐ Monthly
 ☐ Quarterly
 ☐ In Full

☐ **Increase/decrease deductions to** \$ _____ **commencing** _____

☐ **Cease the deduction as at** _____

Recommence deductions as at _____

☐ **Amend bank account details**

Account held in the name of: _____

Financial Institution: _____

Branch: _____

BSB Number: ____ - ____

Account Number: _____

DECLARATION

I declare that the information provided on this form is true and correct
I agree to notify the Council, as soon as practicable if any of the information provided on this form changes

Full Name: _____

Signature: _____ Date: ____/____/____

Full Name: _____

Signature: _____ Date: ____/____/____

If joint account all signatures and names are required

NOTE: Any Personal Information submitted to the Port Augusta City Council will be dealt with according to the Privacy and Personal Information Protection Act (1998), the Freedom of Information Act (1991) and the Local Government Act (1999)