Amendment to Direct Debit Arrangement

Name: .....

Assessment Number: .....

Property Address: .....

❒ I/We would like to change my deductions to:

❒ Weekly ❒ Fortnightly ❒ Monthly ❒ Quarterly ❒ Yearly

❒ I/We would like to increase/decrease deductions to: $.....

❒ I/We would like to cease my deductions as at .....

And/or recommence deductions as at.....

❒ I/We would like to amend my/our bank account details as follows:

Account held in the name of: .....

Financial Institution: .....

Branch: .....

BSB Number: __ __ __ - __ __ __

Account Number: __ __ __ __ __ __ __ __ __

(*If joint account all signatures and names are required*)

Full Name: ..... Full Name: .....

Signature: ..... Signature: .....

Date:..... Date:.....

Office Use Only - Date Received: ____/____/____ Processed By: _____ TRIM NO: **PR**_____