

GUNNEDAH SHIRE COUNCIL

Direct Debit Amendment Form

APPLICANT DETAIL	.S					
Name(s)						
Mailing Address	_					
Suburb	State	•		Postcod	е	
Phone	Ema	ail				
AMENDMENT DETA	ILS					
					D: 1 D	
nominated Assount to			ithorised Cour	icil to make	Direct Di	ebits from my
nominated Account for						
Rates Account:						
Water Account:	Assessment No _					
Debtor Account:	Debtor Account N	lumber				
I hereby authorise Co	ouncil to alter my Dire	ct Debit Account payı	ment as per th	e following:		
☐ Please temporaril	y suspend my Direct	Debit. I request it be	suspended on	/	/	_ for a period
of	and reques	t that it recommence	on/			
(Please note that	two weeks' notice mu	ıst be given for this to	take effect).			
☐ Please cancel my	Direct Debit entirely.					
☐ Please change the	e date/day my direct o	debit comes out from				to
	-					
☐ Please alter the a	mount of my previous	sly authorised Direct	Debit from:			
\$	per	to \$		_ per		
effective on				•		
☐ Please update my	/ bank account details	s to:				
Name of Financia						
Payment Arrangemer						
I am aware that paymen Council, I understand th full amount of the outsta necessary legal action to	nt of my account is my re at should I default on an anding debt will become	esponsibility. In the case by agreed repayment with due and payable immed	hout written not diately and that (ice and agree Sunnedah Sh	ment by C ire Counc	ouncil that the il will take the
CUSTOMER SIGNAT	TURE					
Name (print):						
Signature:				Date:	/	/