Direct Debit Request (DDR)

General Manager
Hilltops Council
Locked Bag 5
Young NSW 2594
Phone: 1300 445 586
Email: mail@hilltops.nsw.gov.au

Request and Authority to debit the account named below to pay

Hilltops Council APCA ID: 301668

Request and Authority to debit

Your Surname or company name

Your Given names or ABN/ARBN "*you*"

request and authorise **Hilltops Council and user id** to arrange, through its own financial institution, a debit to your nominated account any amount Hilltops Council has deemed payable by *you*.

Rates: Assessment Number:_____

Frequency	Commencement Date	Periodic Amount/Type of payment OR **Agreed Invoice amount**
		$ *(Tick if applicable)* ☐

Water Assessment Number:_____

Frequency	Commencement Date:	Periodic Amount/Type of payment OR **Agreed Invoice amount**
		$ *(Tick if applicable)* ☐

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which your account is held

Financial institution name

Address

Insert details of account to be debited

Name/s on account

BSB number (Must be 6 digits) ☐☐☐–☐☐☐

Account number

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and **Hilltops Council** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature

Name

(if signing for a company, sign and print full name and capacity for signing eg. Director)

Address

Second account signatory (if required)

Signature

Name

(if signing for a company, sign and print full name and capacity for signing eg. Director)

Address