

## Colac Otway VARIATION TO RATES DIRECT DEBIT FORM

(For use of variations to amount, cessation or delaying of deductions)

Name:				
Property Address:				
		Assessment No: _		
Postal Address:				
Home No:	Mobile No:			
Email Address:				
I request direct debit d	eductions from my/o	our bank account be:		
(a) Varied to \$	with deb	oits commencing on	/	
Please tick one box only	Thursday	Friday	Monthly	
Full 15/2	Weekly	Weekly	1 <sup>St</sup> of Month	
1 011 10/2	Wookiy	TV COMY	i or worth	
Instalments	Fortnightly	Fortnightly	15 <sup>th</sup> of Month	
(b) Stopped until further notice as from/				
(c) Put on hold as fro	m/	and recommenced on_	/	
(d) Change bank accounts (Please complete form on page 2)				
(d) Other (Please specify below)				
authority of variations.	At least three busin	sted until Colac Otway Shir ess working days is require tions can be made to any e	ed, in writing, before	
		y each year. Any Balance a	after that date will	
accrue interest. Please	e review your deduc	ted amount annually.		
Signed:		Da	ate:	
Office Use Only:				
PROGRAM	DATE S	IGN DATE	SIGN	
Access			* *	
Authority				
Diary Template				
Cancellation			A 300 - 300 A	

Colac Otway Shire
PO Box 283
Colac Victoria 3250
E: inq@colacotway.vic.gov.au
www.colacotway.vic.gov.au

Customer Service Centre Colac: 2-6 Rae Street Apollo Bay: 69-71 Nelson Street P: (03) 5232 9400 F: (03) 5232 9586



Customers Authority		Name of Customer(s) giving the DDR		
	l/We			
Authoris		Name of Debit User APCA User ID No		
	Authorise you	Colac Otway Shire		
	institution identifie	ds to be debited from my/our account at the financial d below and as prescribed below through the Bulk g System (BECS).		
	This authorisation is to remain in force in accordance with described in:			
	Service Agreement			
	Between Colac Otway Shire & Commonwealth Bank			
	Signed			
Details of the	Name of the Financial Institution			
Accounts to be				
Debited	Account Name			
(all details must be supplied)	Account Name			
	_	BSB Number Account Number		
		- Account Number		
Daywaaat	The newment			
Payment Details	The payment is for			
	Identified by	Loan Number/Policy Number etc		
Authorisation	<ol> <li>I/We authorize the following:</li> <li>The debit user to verify the details of the abovementioned account with my/our financial institution.</li> <li>The financial institution to release information allowing the debit</li> </ol>			
	user to verity the abovementioned account details.			
	Signed by Customer(s)			
	, ,			

## **DECLARATION:**

The Colac Otway Shire Council collects personal information to levy rates, issue permits and licences and provide a variety of community services. The information collected in this form is used only for the purposes contemplated by the form (primary purpose) and is not passed onto third parties. In some instances however, disclosure is required by law or is necessary for the protection of persons or property. Where this occurs, Council will take every reasonable step to ensure your privacy is protected in accordance with the Information Privacy Act 2000 (Vic). Should you need to change or access your personal details or require further information about Council's Privacy Policy contact our Privacy Officer on 5232 9400.