



Direct Debit Request

Request and Authority to debit the account named below to pay
Alice Springs Town Council
ABN: 45 8634 8147 1



Direct Debit Request and Authorisation

Last Name or Company Name

First Name or ABN 'you'

Request and authorise Alice Springs Town Council, User ID: 032289 to arrange, through its own financial institution, a debit to your nominated account any amount Alice Springs Town Council, has deemed payable by you.

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.

Nominated Account Details

Name of Financial Institution

Address of Financial Institution

Name of Account to be debited

BSB

Account Number

Payment Details

The first debit may be made on

the following intervals after that:

Weekly Fortnightly Monthly Quarterly Annually Amount:

Weekly and Fortnightly payments only processed on Fridays. Monthly payments only processed on the 20th of each month. Please ensure that your nominated payment amount takes into account the instalment due dates to avoid interest accruing on your assessment.

Rates Assessment No:

Lot No:

Property Address:

Acknowledgment

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 the debit arrangements between *you* and Alice Springs Town Council as set out in this Request and in *your* Direct Debit Request Service Agreement. If any authorised Direct Debit payment is not honored by *your financial institution*, a dishonor fee of \$30.00 will be charged to *your* rates assessment.

Property Owner/s

Signature:

Signature:

Name of Signatory:

Name of Signatory:

Date:

Date:

The following is *your* Direct Debit Service Agreement with Alice Springs Town Council ABN: 45 8634 8147 1. The agreement is designed to explain what *your* obligation when undertaking a Direct Debit arrangement with *us*. It also details what our obligations are to *you* as *your* Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of *your* Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

- **Account** means the account held at *your financial institution* from which we are authorised to arrange to be debited.
- **Agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- **Banking Day** means a day other than Saturday or a Sunday or a public holiday listed throughout Australia.
- **Debit Day** means the day the payment by *you* to *us* is due.
- **Debit Payment** means a particular transaction where a debit is made.
- **Direct Debit Request** means the *Direct Debit Request* between *us* and *you*.
- **Us or we** means Alice Springs Town Council, (the Debit User) *you* have authorised by signing a Direct Debit Request.
- **You** means the customer who signed the Direct Debit Request.
- **Your Financial Institution** means the financial institution nominated by you on the DDR at which the *account* is maintained.

1. Debiting your account

By signing a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. You should refer to the *Direct Debit Request* and this agreement for the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your* financial institution.

2. Amendments by us

We may vary any details of this agreement or Direct Debit Request at any time by giving *you* at least fourteen (14) days' written notice.

You may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) days' notification in writing to: PO Box 1071, Alice Springs NT 0871 or by telephoning *us* on (08) 8950 0500 during business hours or arranging it through *your own financial institution*.

3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) days' notification in writing to PO Box 1071, Alice Springs NT 0871 or by telephoning *us* on (08) 8950 0500 during business hours or arranging it through *your own financial institution*.

4. Your obligations

It is *your* responsibility to ensure that there are sufficient funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*. If there are insufficient cleared funds in *your account* to meet a debit payment:

- (a) *you* may be charged a fee and /or interest by *your financial institution*;
- (b) *you* may also incur fees or charges imposed or incurred by *us*; and
- (c) *you* must arrange for the *debit payment* to be made by another method or arrange sufficient cleared funds to be in *your account* by an agreed time so that we can process the *debit payment*.

You should check *your account* statement to verify that the amounts debited from *your account* are correct.

5. Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on (08) 8950 0500 and confirm that notice in writing with *us* as soon as possible so that we can resolve *your* query quickly. Alternatively *you* can take it up with *your* financial institution directly.

If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your* query by arranging for *your financial institution* to adjust your account (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.



Direct Debit Service Agreement

If we conclude as a result of *our* investigations that *your* account has not been incorrectly debited we will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

6. Accounts

You should check;

(a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by *financial institutions*.

(b) *your* account details which *you* have provided to *us* are correct by checking them against a recent account statement; and

(c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

We will keep any information (including *your account* details) in your *Direct Debit Request* confidential. We will make reasonable efforts to keep such information that we have about *you* secure and to ensure that any

of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to Alice Springs Town Council, PO Box 1071, Alice Springs NT 0871.

We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice posted by *us* to *you* will be deemed to have been received on the fifth *banking day* after posting.

Property Owner/s

Signature:

Name of Signatory:

Date:

Signature:

Name of Signatory:

Date: