



Cobar Shire Council Direct Debit Request

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COBAR NSW 2835
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I / we request Cobar Shire Council to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below, and the terms and conditions of the Direct Debt Service Agreement.

Applicants Details

Payee or contact name (Surname/First Name)							
Company name (if applicable)							
ABN/ARBN (if applicable)							
Street Address							
Town				Post Code			
Phone				Mobile			
Email							

Banking Details

Name of the account					
Name of financial institution		Branch			
BSB		Account Number			
Signature		Date			
Signature		Date			

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 **Cobar Shire Council** as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

New direct debit payment Alteration to direct debit payment Cancellation of direct debit payment

Rates		Water	
Assessment No.		Assessment No.	
<input type="checkbox"/> Weekly instalments of _____ Commencing _____		<input type="checkbox"/> Weekly instalments of _____ Commencing _____	
<input type="checkbox"/> Fortnightly instalments of _____ Commencing _____		<input type="checkbox"/> Fortnightly instalments of _____ Commencing _____	
<input type="checkbox"/> Monthly instalments of _____ Commencing _____		<input type="checkbox"/> Monthly instalments of _____ Commencing _____	
<input type="checkbox"/> Payment by quarterly instalments		<input type="checkbox"/> Quarterly payments	
<input type="checkbox"/> Annually in full (end of August)			

Office Use Only Date updated _____ Updated by _____