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| practicallogo | **DIRECT DEBIT REQUEST** |
| **Request and Authority to debit** | **Your Surname or company name: Your Given names or ABN/ARBN** “*you”*request and authorise **COOLAMON SHIRE COUNCIL USER ID. 125068** to arrange a debit to your nominated account to pay for  **.**This debit or charge will be arranged by **[debit user name]**’s financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from *your* nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. |
| **Amount of debit** | Any **amount COOLAMON SHIRE COUNCIL** has deemed payable by *you***OR**The amount specified in the invoice we have sent you, for payment on a due date**OR****$[ ] monthly/quarterly/annually/other continuing until end date/cancellation** |
| **Your account to be debited** | **Name/s on account: Financial institution name: BSB number (Must be 6 Digits)** | | | |-| | | |**Account number:**  |
| **Your contact details** | **Address: Email: Phone:** **The address / email [please choose one] above is the best way for us to write to you** |
| **Confirmation** | By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:* you are authorised to operate the nominated account; and
* you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.
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| **Your Signature** | **Signed in accordance with the account authority on your account:****Signature Contact details: As above****Date** / /  |
| **Second account signatory (if required)** | **Signed in accordance with the account authority on your account: Signature** **Name: Address: Email: Phone:** **Date:**  / /  |
| **Signing for a company** | ***You must be authorised to sign on behalf of the company AND you must have authority to operate the Company’s bank account.*****Signature of duly authorised officer: Position held: Name: Address:** **Email:** **(***Notices will be sent to this email address***)****Phone: Date:** / / **Second company signatory (if required)****Signature of duly authorised officer: Position held: Name: Address: Email: Date:** / /  |

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| practicallogo | **Direct Debit Request Service Agreement** |
| This is your Direct Debit Service Agreement with **COOLAMON SHIRE COUNCIL USER ID 125068 ABN 32 573 173 265** (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.Please keep this agreement 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 authorisation. |
| **Definitions** | ***account*** means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.***agreement*** means this Direct Debit Request Service Agreement between *you*and *us*.***banking day*** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.***debit day*** means the day that payment by *you* to *us* is due.***debit payment*** means a particular transaction where a debit is made.***Direct Debit Request*** means the written, verbal or online request between *us*and *you* to debit funds from your account*.****us*** or ***we*** means **COOLAMON SHIRE COUNCIL**(the Debit User) *you* have authorised by requesting a *Direct Debit Request*.***you*** means the customer who has authorised the *Direct Debit Request.****your financial institution*** means the financial institution at which you hold the*account* is maintained you have authorised us to debit. |
| **1. Debiting your account** | 1.1 By submitting a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account.* The *Direct Debit Request* and this *agreement* set out the terms of the arrangement between *us* and *you*. |
| 1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.***or****We* will only arrange for funds to be debited from *your account* if *we* have sent to the email / address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due. |
| 1.3 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*** | 2.1 *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen **(14) days** written notice sent to the preferred email / address you have given us in the Direct Debit Request. |
| **3. How to cancel or change direct debits** | *You* can:1. cancel or suspend the Direct Debit Request; or
2. change, stop or defer an individual debit payment

at any time by giving at least **[insert number of days – should be less than 14] days** notice.**To do so, contact us at COOLAMON SHIRE COUNCIL PO Box 101 COOLAMON NSW 2701** ***or***by telephoning us on **P. 02 6930 1800** during business hours.You can also contact your own financial institution, which must act promptly on your instructions. |
| **4. *Your* obligations** | * 1. It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
	2. If there are insufficient clear funds in *your account* to meet a *debit payment*:
		1. *you* may be charged a fee and/or interest by *your financial institution;*
		2. *we* may charge you reasonable costs incurred by us on account of there being insufficient funds; and
		3. *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.
	3. *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.
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| **5 Dispute** | 5.1 If you believe that there has been an error in debiting *your account, you* should notify us directly on **COOLAMON SHIRE COUNCIL** **council@coolamon.nsw.gov.au****P. 02 6930 1800** Alternatively you can contact your financial institution for assistance. |
| * 1. If *we* conclude as a result of our investigations that *your* account has been incorrectly debited *we* will respond to *your* query by arranging within a reasonable period for *your financial institution* to adjust *your* account (including interest and charges) accordingly. W*e* will also notify you in writing of the amount by which *your account* has been adjusted.
	2. 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.
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| **6. Accounts** | *You* should check:1. 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*.*
2. *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
3. with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.
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| **7. Confidentiality** | * 1. *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any 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.
	2. *We* will only disclose information that *we* have about *you*:
		1. to the extent specifically required by law; or
		2. for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
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| **8. Contacting each other** | * 1. If *you* wish to notify *us* in writing about anything relating to this *agreement, you* should write to

**COOLAMON SHIRE COUNCIL** **PO BOX 101, COOLAMON NSW 2701****council@coolamon.nsw.gov.au****P. 02 6930 1800****F. 02 6927 3168*** 1. *We* will notify *you* by sending a notice to the preferred address or email *you*

have given *us* in the *Direct Debit Request*.Any notice will be deemed to have been received on the second *banking day*after sending. |