

Date

Direct Debit Request

Request and Authority to debit the account named below to pay

Mansfield Shire Council

ABN 745 668 349 23

Direct Debit Request and Autho	risation						
Last Name or Company Name		_	irst Name o	r ABN		'you'	
Request and authorise Mansfield Shire Co	ouncil User ID 523	3968 to an	ange thro	ough its ow	n finan	•	
to your nominated account any amount N			_	_		ciai institution) a desi	
This debit or charge will be made through	the Bulk Electror	nic Clearin	g System (E	BECS) from	n <i>your</i> a	ccount held at the	
financial institution you have nominated b	pelow and will be	subject to	the terms	and condi	itions o	f the Direct Debit	
Request Service Agreement.							
Nominated Account Details							
Name of Financial Institution							
Address of Financial Institution							
Name of Account to be debited							
BSB	Acco	unt Numbe					
Payment Details (optional, delete if	not required)						
The first debit may be made on /	//		and at	the followi	ng inter	vals after that:	
□ F	ortnightly \Box	Monthly	, [Quarterly		Annually	
Acknowledgement	Property As	sessmei	nt Numb	er A			
By signing and/or providing us with a valid agreed to the terms and conditions gover out in this Request and in your Direct Deb	ning the debit arr	angement	s between	-	-		
Account Signatures							
Signature		Signa	Signature				
Name of signatory		Nam	e of signato	ry			
/ /							

Date