PRINCIPAL OFFICE: 8 Elizabeth Street, Maitland ALL CORRESPONDENCE TO:

PO Box 57, MAITLAND, SA 5573

Telephone (08) 8832 0000 Email: admin@yorke.sa.gov.au Website: www.yorke.sa.gov.au



DIRECT DEBIT REQUEST FORM

SF198A
Responsible Officer: Senior Rates Officer
Issue Date: 26/07/2022
Next Review Date: June 2024

Request and Authority to debit the account named below to pay Yorke Peninsula Council

Request and Authority to debit			
Your Surname or company name			
Your Given names			You
Property Assessment Number			
Property Address			
Contact Number			
request and authorise Yorke Peninsula Cour account any amount Yorke Peninsula Counc	ncil ID 106709 to arrange, cil, has deemed payable b	through its own fina by You.	ancial institution, a debit to Your nominate
This debit or charge will be made through the E You have nominated below and will be subject			
Insert the name and address of final	ncial institution at w	hich account is	held
Financial institution name			
Address			
Insert details of account to be Debite	ed .		
Name/s on account	ou .		
_			
Account number			
Payment Frequency			
Choosing one of these options will automatic Notice that will be sent at least 30 days before		ing on your accoun	at, on the due date. (as shown on a Rate
Please tick: -	Quarter		Annum
Acknowledgment			
By signing and/or providing us with a valid inst terms and conditions governing the debit arrar Your Direct Debit Request Service Agreement	ngements between You a		
Insert Your signature and address			
Signature (If signing for a company, sign and print full na	ame and capacity for signi	ng e.g. Director)	te:
Address			
Second account signatory (if require	۹/		
	u)	-	
Signature (If signing for a company, sign and print full na	ame and capacity for signi	ng e.g. Director)	te:
Address			