



DIRECT DEBIT ALTERATION TO ACCOUNT NUMBER

FORM 25 (Tan)

Date stamp

Part 1 Type of Account

Please indicate the account you are paying via direct debit

Rates

Assessment No (if known)

Debtor

Debtor No (if known)

Part 2 Personal Details

Details of Applicant

Name

Address

Telephone

Mobile

Email

Part 3 Bank Account Details

Please enter your **new** bank account details for your direct debit

Direct Debiting is not available on the full range of accounts, if in doubt please contact your financial institution

Bank Code (6 digits)

Account Number

Account Name

Name & Branch of Financial Institution

Part 4 Deduction Amount

Please indicate the fortnightly deduction amount

Amount per fortnight

If deduction is for rates, do you wish for the account to go in credit?

Yes

No

Part 5 Declaration

Please sign and return to:

PO Box 7016
EATON WA 6232

rates@dardanup.wa.gov.au

I / We authorise the Shire of Dardanup to amend the bank account details for the fortnightly direct debit, to the account details provided in Part 3.

Name(s)

Signed

Date

Signed

Date

Part 6 OFFICE USE ONLY

Assess Number

Debtor Number

Entered by

Date

Notes