



# Diamantina Shire Council APPLICATION TO PAY RATES BY INSTALMENTS

## Please Note this payment option:

- Is valid for one rating year and requires a new application for the following rating year

APPLICANT DETAILS			
Surname		First Name	
Rates Assessment Number(s)			
Property Address		Post Code	
Postal Address		Post Code	
Email Address		Phone Number	
PAYMENT FREQUENCY			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Due Date
____/____/____ Commencement Date	____/____/____ Termination date (leave blank if ongoing)	\$ (if payment frequency other than due date specify)	
DIRECT DEBIT DETAILS (PLEASE NOMINATE A BANK ACCOUNT OR CREDIT CARD, NOT BOTH)			
Bank Account		Credit Card	
BSB	Account Number	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date   /
Financial Institution		Credit Card Number _____	
Bank Account Name		Cardholder Name	
Bank Account Holder Signature		Cardholder Signature	
AUTHORITY			
I/We authorise Diamantina Shire Council to debit my/our nominated account or card in accordance with this application. I/We have read, acknowledge and agree with the conditions below.			
Signature/s		Date	
CONDITIONS			
Diamantina Shire Council will :			
<ul style="list-style-type: none"><li>• Process this application no later than 14 days prior to the first due date of payment.</li><li>• Reserve the right to refuse this application, particularly if the rate account is overdue.</li><li>• Process this application on the basis that the yearly rates will be fully paid by 30 June.</li><li>• Cancel this application and ask that the balance of rates be paid in full if this payment commitment is not adhered.</li></ul>			