



APPLICATION FOR RATES PAYMENT COMMITMENT 2017-2018

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| PROPERTY DETAILS | Assessment Number: _____ Address: _____ Town: _____ Lot: _____ Registered Plan: _____ |
| APPLICANT DETAILS | Name: _____ Postal Address: _____ Town: _____ State: _____ Postcode: _____ Contact Number: _____ Email Address: _____ |
| PROPOSED PAYMENT COMMITMENT DETAILS | <p>Council will review the proposed payment commitment and confirm if the proposal is acceptable. Council encourages payments to commence straight away as proposed. The amount must be sufficient to bring the rate account up to date by the end of the rating period. The rating period for each financial year are 1 January to 30 June and 1 July to 31 December.</p> <ul style="list-style-type: none">• Option 1 <input type="checkbox"/> Weekly Commitment of \$ _____• Option 2 <input type="checkbox"/> Fortnightly Commitment of \$ _____• Option 3 <input type="checkbox"/> Monthly Commitment of \$ _____ <p>Payment will be made by: Direct Deposit / BPAY / Other: _____ (please circle preferred method)</p> <p>Commitment Start Date: ____/____/____</p> <p>Rate payers may choose to pay their rate account by payment commitment, subject to the following conditions:</p> <ul style="list-style-type: none">• The rate discount will not be allowed if full payment is not received by the due date for each rating period.• Interest will be charged as per Council's Revenue Statement (11% per annum compounding daily).• The rate payer must select the payment by commitment option by signing this form and returning to Council no later than the due date listed on the front of the rate notice.• Council will not forward reminder notices for payment commitment plan.• To seek an extension a written application must be made to Council.• Default of more than two (2) payments may result in the commencement of debt recovery. All costs associated with debt recovery will be at the liability of the rate payer. |
| APPLICANT'S SIGNATURE | By signing this form, I/We agree we have read and agree to the terms and conditions as stated above. Name: _____ Signature: _____ Date: ____/____/____ |