

**Administration**

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966  
Hours Mon-Fri 8:30am-4:30pm | Telephone Mon-Fri 8:00am-5:00pm 08 9439 0200  
NRS 133 677 (hearing/speech impaired) | TIS National 131 450 (Translating and Interpreting Service)  
customer@kwinana.wa.gov.au | www.kwinana.wa.gov.au



**SPECIAL PAYMENT ARRANGEMENT**

**DIRECT DEBIT REQUEST TERMS AND CONDITIONS SERVICE AGREEMENT (DDR)**

City of Kwinana APCA ID 498-597

This form must be saved to your computer before completing. Forms completed in a web browser may not save correctly and your application could be lost. Please open and complete this form using Adobe Reader, which can be downloaded for free [here](#).

Property ID

Property address

Postal address (if different from property)

Daytime telephone number

Email address

I/we request and authorise the City of Kwinana, APCA ID 498-597 to arrange, through its own financial institution, a debit to your nominated account any amount the City of Kwinana has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the Direct Debit Terms and Conditions.

Account in the name of:

ACCOUNT HELD AT:		
Bank		Branch
BSB	-	Account Number

Select one of the following options:

**Weekly** amount to be debited: \$ .

**Fortnightly** amount to be debited: \$ .

Commences on (Fridays only): / /

Outstanding amount: \$ .

## ACKNOWLEDGEMENT

By signing and/or providing us with valid instruction in respect to your Direct Debit Request, you have understood and agree to the terms and conditions governing debit arrangements between you and the City of Kwinana as set out in this request and in your Direct Debit request terms and conditions service agreement.

Ratepayer(s) Signature

Date

### PLEASE RETURN YOUR FORM TO

PO Box 21, KWINANA WA 6167 or email [customer@kwinana.wa.gov.au](mailto:customer@kwinana.wa.gov.au)

Location: Cnr Gilmore Ave & Sulphur Road, KWINANA WA 6167

Phone enquiries: (08) 9439 0200

Please provide an explanation for this proposed arrangement:

### OFFICE USE ONLY

Granted

Declined

Authorised signature/name

Date

**Officer recommendation** Please provide an explanation for this proposed arrangement:

Authorised signature/name

Date