



FINANCIAL HARDSHIP DIRECT DEBIT REQUEST

CUSTOMER AUTHORITY

I/We: _____

Name of Customer(s) giving the Direct Debit Request

Postal Address: _____

Postal Address of Customer(s) giving the Direct Debit Request

Authorise you: _____

CITY OF GREATER GERALDTON

302789

Name of Debit User

APCA User ID Number

To arrange for funds to be debited from my/our account at the Financial Institution identified below as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Signature 1

Signature 2

Date

Phone Number: _____

Mobile Number: _____

Email Address: _____

Paying by Centrepay Deductions:

Yes

No

Centrepay Deduction form attached:

Yes

No

Date Payment to Commence: _____

Or processed online:

Yes

No

DETAILS OF THE ACCOUNT TO BE DEBITED *All details must be supplied*

Financial Institution: _____

Name of Financial Institution and Branch (e.g. ANZ, Commonwealth, etc.)

Account Name: _____

BSB Number: _____

Account Number: _____

PAYMENT DETAILS

The payment is for: **RATES DEPARTMENT**

Identified Assess No: _____

Address of Property: _____

Principal place of residence only – see Item 10 of the Service Agreement

Commencement Date: _____ Amount: \$ _____
Frequency: Weekly Fortnightly Monthly

- I/We hold a Centrelink Low Income Health Care Card and have attached a copy.
- I/We are suffering long term ill health/terminal illness and attached a letter from my/our medical practitioner.
- I/We are currently unemployed due to redundancy or retrenchment and attach a statutory declaration stating the circumstances of unemployment.
- I/We have included written advice confirming genuine hardship and capacity to pay from a recognised financial counsellor.

I/We request that you debit my/our account in accordance with our Agreement and subject to one or more of the following conditions:

- Please stop payments once the balance of my account is nil.

By signing this Direct Debit Request, you acknowledge that you have read and understood the Terms and Conditions governing the debit arrangement between you and the City of Greater Geraldton as set out in the Service Agreement. Please keep the attached agreement for you records.

OFFICE USE

- Letter Pensioner Financial Instalment
- Other Codes Memos Levy Fee Updated

DIRECT DEBIT REQUEST SERVICE AGREEMENT

1. Debiting details as per Direct Debit Request form. Deductions will be made from the customer's account on the nominated days until the debt is fully paid.
2. The Customer will be advised 14 days in advance of any changes to the Direct Debit arrangements.
3. For all matters regarding the Direct Debit arrangement, the Customer will need to:
 - a. Call the Rates Department on **(08) 9956 6600**.
 - b. Visit our office at **63 Cathedral Avenue**, Geraldton and ask for the Rates Department; and/or
 - c. Send written correspondence addressed to the **City of Greater Geraldton, PO Box 101 GERALDTON WA 6530**, outlining the request/issue;

AND

Allow for a maximum of ten (10) working days for the amendments to take effect. The City of Greater Geraldton will advise if longer is required. Please note that all alterations to arrangements need to be in writing addressed to the City of Greater Geraldton.
4. The customer should be aware that:
 - a. Direct debiting through BECS is not available on all accounts (only cheque and saving accounts); and
 - b. Account details should be checked against a recent statement from the customer's Financial Institution before completing the drawing authority.
5. It is the customer's responsibility to ensure sufficient cleared funds are in the nominating debiting account when the payments are to be drawn.
6. It is the customer's responsibility to advise the City of Greater Geraldton accordingly should any account to transferred or closed.
7. If the due date for payment falls on a non-working day or a public holiday, the payment will be processed on the **next working day**. If the customer is in any doubt, please refer to the point 3 for further clarification.
8. For **returned unpaid transactions**, the following procedures or policy will apply:
 - a. If the transaction is returned unpaid, an advisory letter will be sent.
 - b. In the event this occurs on three (3) consecutive payments, the City of Greater Geraldton will cancel the agreement.
 - c. If the agreement is cancelled, normal terms and conditions will apply.
 - d. **Fees and Charges**
 - Dishonoured Fee - \$21.00
9. All customer records and account details will be kept private and confidential to be disclosed only at the request of the customer or financial institution in connection with a claim made to an alleged incorrect or wrongful debit.
10. Assistance can only be granted to individuals experiencing financial hardship for payment of rates on their principal place of residence. Applications for financial hardship consideration on investment, commercial or industrial properties are not eligible.
11. **Disputes**
 - a. If the customer believes that a drawing has been initiated or carried out incorrectly, in the first instance, please take the matter up directly with the City of Greater Geraldton on (08) 9956 6600. The dispute must then be followed up in writing.
 - b. On receipt of advice of any dispute, the issues will be addressed and advice of the outcome issued within seven (7) working days. If the customer does not receive a satisfactory outcome, contact his/her financial institution.

The customer will receive a refund on the drawn amount, if we cannot substantiate a reason for the drawing.