

# Direct Debit Request (DDR) Rates



## ABOUT THIS FORM

Request and Authority to debit the account named below to pay  
**Randwick City Council APCA ID 064996 ABN 77 362 844 121**

## REQUEST AND AUTHORITY TO DEBIT

Your Surname or Company Name .....

Your Given names or ABN/ARBN ..... "you"

request and authorise Randwick City Council (APCA ID 064996) to arrange, through its own financial institution, a debit to your nominated account any amount Randwick City Council as deemed payable by you.

Property Address .....

Rates Account Number .....

Debit frequency Annual  Quarterly

Monthly and Fortnightly options are for arrears only Monthly  Fortnightly

Amount \$ ..... Commencement Date ..... / ..... / .....

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 terms and conditions of the Direct Debit Request Service Agreement.

## INSERT THE NAME AND ADDRESS OF FINANCIAL INSTITUTION AT WHICH YOUR ACCOUNT IS HELD

Financial institution name .....

Address .....

## INSERT DETAILS OF ACCOUNT TO BE DEBITED

Name/s on account .....

BSB number (Must be 6 digits) ..... — .....

Bank account number .....

## GET IN CONTACT

Randwick City Council  
30 Frances Street  
Randwick NSW 2031  
ABN: 77 362 844 121

Phone 1300 722 542  
Fax (02) 9319 1510  
[council@randwick.nsw.gov.au](mailto:council@randwick.nsw.gov.au)  
[www.randwick.nsw.gov.au](http://www.randwick.nsw.gov.au)

## INSERT YOUR SIGNATURE AND ADDRESS

Signature ..... Date .....

Name ..... Position .....

*(if signing for a company, sign and print full name and capacity for signing eg. Director)*

Postal Address .....

Email .....

Phone .....

## SECOND ACCOUNT SIGNATORY AND ADDRESS (IF REQUIRED)

Signature ..... Date .....

Name ..... Position .....

*(if signing for a company, sign and print full name and capacity for signing eg. Director)*

Postal Address .....

Email .....

Phone .....

## DECLARATION

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and Randwick City Council as set out in this Request and in your Direct Debit Request Service Agreement.

- If your application is incomplete, it will not be accepted and will be returned to you.
- **I have read and agree to the Direct Debit Request Service Agreement.**

Name .....

Signature ..... Date .....

## PRIVACY NOTIFICATION

The purpose of collection of this information is for processing your application. Provision of this information is voluntary and is required to help process your application. You are entitled to have access to this form to correct or amend it after you have given it to Council. This form will be stored electronically in Council's electronic document management system. Access to this information is restricted to Council. Members of the public will not be provided with access to the personal details contained on this form.

## DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with Randwick City Council, APCA ID 064996 & ABN 77 362 844 121. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

## DEFINITIONS

**account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between *you* and *us*.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by *you* to *us* is due.

**debit payment** means a particular transaction where a debit is made.

**direct debit request** means the Direct Debit Request between *us* and *you*.

**us** or **we** means Randwick City Council, (the Debit User) *you* have authorised by requesting a *Direct Debit Request*.

**you** means the customer who has signed or authorised by other means the *Direct Debit Request*.

**your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

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### 1. DEBITING YOUR ACCOUNT

- 1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, you have authorised us to arrange for funds to be debited from *your account*. You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*. All notices for rates and charges will continue to be issued in accordance with the provisions Section 546 of the Local Government Act, 1993.
- 1.2 We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.
- 1.3 If the debit day falls on a day that is not a banking day, we may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited you should ask *your financial institution*.
- 1.4 Monthly or fortnightly direct debit frequency is available on request for accounts in arrears.

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### 2. AMENDMENTS BY US

- 2.1 We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.
- 2.2 We may cancel this arrangement at any time if consecutive payments are dishonoured by your financial institution, in which case you must arrange an alternative payment method.

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### 3. AMENDMENTS BY YOU

- 3.1 You may change\* the agreed payment schedule or account details at any time by providing us with a new direct debit request form at least three (3) working days before the next scheduled debit date.
- 3.2 You may stop a debit payment at any time by giving written notice to us at least three (3) working days before the next scheduled debit date.
- 3.3 You may cancel this agreement at any time by giving written notice to us at least three (3) working days before the next scheduled debit date.

All written notification to be forwarded to:

Randwick City Council – email: [council@randwick.nsw.gov.au](mailto:council@randwick.nsw.gov.au) OR post to 30 Frances Street, Randwick 2031,

or

arrange it through your own financial institution, which is required to act promptly on your instructions.

\*Note: in relation to the above reference to 'change', your financial institution may change your direct debit payment only to the extent of advising us Randwick City Council of your new account details.

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### 4. YOUR OBLIGATIONS

- 4.1 It is *your* responsibility to ensure your nominated account can accept direct debits as direct debiting through BECS is not available on all accounts offered by financial institutions. You are advised to check with your financial institution, confirming your account details before completing the Rates Direct Debit Request.
- 4.2 It is *your* responsibility to advise us immediately if *your* nominated account is transferred, closed, or the account details change.
- 4.3 It is *your* responsibility to ensure that there are sufficient clear funds available in your account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- 4.4 It is *your* responsibility to meet any charges resulting from the use of the Direct Debit system:
  - a) *you* may be charged a fee and/or interest by your *financial institution* due to a *failed payment* if there are insufficient cleared funds in your nominated account and/or you gave us incorrect account details for your nominated account;
  - b) We may also charge you fees for a *failed payment*, and
  - c) *you* must arrange for the debit payment to be made by another method.
- 4.5 *You* should check your *account* statement to verify that the amounts debited from your *account* are correct.

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## 5. DISPUTES

- 5.1 If you believe there has been an error in debiting *your account*, you should notify us directly by calling 1300 722 542 and confirm that notice in writing with us as soon as possible so that we can resolve your query quickly. Alternatively you can take it up directly with your financial institution.
- 5.2 If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your query* by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted.
- 5.3 If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your query* by providing you with reasons and any evidence for this finding in writing.

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## 6. ACCOUNTS

You should check:

- 6.1 with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available through BECS on all accounts offered by financial institutions.
- 6.2 *your account* details which you have provided to us are correct by checking them against a recent *account statement*; and
- 6.3 with *your financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*.

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## 7. CONFIDENTIALITY

- 7.1 We will keep any information (including *your account* details) in your *Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
  - a) to the extent specifically required by law; or
  - b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

## HOW TO LODGE THIS APPLICATION

EMAIL: [council@randwick.nsw.gov.au](mailto:council@randwick.nsw.gov.au) OR

BY MAIL OR

OVER THE COUNTER at Council.

Address the Application to: Randwick City Council

Post: 30 Frances Street, Randwick 2031

DX: DX 4121 Maroubra Junction

Fax: 02 9319 1510

Courier or Personal Delivery to our Customer Service Centre:

Randwick City Council  
Administration Building & Customer Service Centre  
30 Frances Street, Randwick  
Open 8:30am – 5:00pm, Mon-Fri