



## DIRECT DEBIT REQUEST – AMENDMENT

Name/s:

Postal Address:

State  Postcode

Contact Phone:  Business  Home

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If debiting from a joint account, both signatures are required

I request and authorise Snowy Monaro Regional Council to amend our existing direct debit as detailed below:

**AMEND BANK ACCOUNT DETAILS:**

Financial Institution Name & Branch

BSB No.  -

Account No.

**AMEND PAYMENT AMOUNT**

Current Payment Amount:  New Payment Amount:

**AMEND DEBITING INTERVAL (select day/weekly/fortnightly/monthly/quarterly)**

Current Debit Interval:  New Debit Interval:

**AMEND DEBITING DATE**

Current Debit Date:  New Debit Date:

**THE ABOVE AMENDMENT/S TO COMMENCE FROM:**

Date:

The above amount represents payment for:

Assessment No/Debtor Code

Property Address (rates only)