



RURAL CITY OF Wangaratta

Rural City of Wangaratta
62-68 Ovens Street
Wangaratta Vic. 3677

P.O. Box 238
Wangaratta 3676

Telephone (03) 5722 0888
Facsimile (03) 5721 9526
E-mail council@wangaratta.vic.gov.au
Website www.wangaratta.vic.gov.au

DIRECT DEBIT REQUEST (DDR)

I/We request you, Rural City of Wangaratta (ABN 67 784 981 654) User ID 083 010, to debit funds from my/our nominated account at the financial institution shown below according to the details specified below.

YOUR DETAILS

Name(s): _____
Address: _____
Postcode: _____
Telephone: Home: _____ Work: _____

DETAILS OF YOUR BANK ACCOUNT

Name of Bank Account: _____
Financial Institution: _____
Branch: _____
BSB: _____ - _____ Account Number: _____

DETAILS OF THE ACCOUNT TO BE DEBITED

Rates Property No: _____
 Debtors Debtor No: _____

DETAILS OF THE AMOUNT TO BE DEBITED

TOTAL PAYMENTS DUE
The total amount due, as shown on your Monthly Debtor Invoice / Rate Instalment Notice, will be taken from your account on the Due Date indicated.

FIXED INSTALMENTS
If you would like to pay fixed Weekly, Fortnightly or Monthly instalments please contact the Rates Office on (03) 5722 0830 to determine the amount to be deducted.

\$ _____ Weekly Fortnightly Monthly

Commencement Date: _____

YOUR AUTHORISATION

Signature(s): _____
(If debiting from a joint bank account, all signatures may be required)

Date: ____ / ____ / ____

Office Use only. Debtor Number: _____
Property Number: _____