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| Logo  Description automatically generated  2 Railway Road, Kalamunda WA 6076  PO Box 42, Kalamunda WA 6926  9257 9999  enquiries@kalamunda.wa.gov.au | | | Direct Debit Request (DDR)  **Assessment No.** |
| **Request and Authority to debit** | | Ratepayer’s Surname  Ratepayer’s Given Name or ABN  Property Address  “*you*” request and authorise *City of Kalamunda* (APCA User ID Number – 207219) to arrange, a debit to your nominated account to pay for City of Kalamunda Rates and Service Charges**.**  This debit or charge will be arranged by City of Kalamunda’sfinancial institution and madethrough the Bulk Electronic Clearing System (BECS) from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. | |
| **Your account to be debited** | | Name/s on account    Financial institution name  BSB number (Must be 6 digits)    Account number | |
| **Amount of debit:** | | **Option 1:**  Direct Debit for 2024/2025 financial year | |
| **(Tick Preferred Option** | | |  |  |  | | --- | --- | --- | | Frequency  (Weekly or Fortnightly) |  | Periodic Amount Commencement Date  $ | | End date  or Until Further Notice  Direct Debit Deductions will cease once your outstanding debt that is agreed upon is cleared including penalties such as Rejection Fees of $10. Admin fee of $20 for this option.  Two rejected Direct Debits will result in the cancellation of the agreement and the rates and charges will be required to be paid in full including all penalty interest if applicable.  **OR**  **Option 2:**  Continual Direct Debit option (Smarter Way to Pay)  The Continual Direct Debit arrangement will be ongoing for a minimum of 2 years. Payments will continue even when no monies are owing.  An initial Admin Fee of $20 will be added to my outstanding amount owing.  Should this agreement be cancelled within the two-year period, any rates outstanding will be required to be paid in full including all penalty interest if applicable also a fee of $20 to cease arrangement early.  Two rejected Direct Debits will result in the cancellation of the agreement and the rates and charges will be required to be paid in full including all penalty interest if applicable.   |  |  |  | | --- | --- | --- | | Frequency  (Weekly or Fortnightly) |  | Periodic Amount Commencement Date | | | | | |
| **Your contact details** | | |  | | --- | | Postal Address: | | Email: | | Phone: |   The best way for us to write to you is by using the above email  or address | |
| **Confirmation** | | By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you confirm that:   * you are authorised to operate on the nominated account; and * you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement. * A Direct Debit Administration fee of $20 will be charged to the rates account. * Authorise for the agreement to remain in place for a minimum period of 2 years for Continual direct debit option. If the customer terminates this agreement within the 2-year period, an early termination fee of $20 may be charged to the rates account. * Two rejected direct debits will result in the cancellation of the agreement and rates and charges will be required to be paid in full including all penalty interest if applicable. * Penalty Interest will accrue on the outstanding balance at a rate of 11% per annum, calculated daily until the account is paid in full. | |
| **Your Signature** | | Signed in accordance with the account authority on your account:  Signature:  Date: ­­­­­  Contact details: **As Above** | |
| **Second account signatory (if required)** | | Signed in accordance with the account authority on your account:  Signature:  Name: ­­­­­  Date:  Contact details:  Address:  Email:  Phone: | |
| **Signing for a company** | | **You must be authorised to sign on behalf of the company AND you must have authority to operate the Company’s bank account.**  Signature of duly authorised officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Notices will be sent to this email address)  Phone:  Date:  **Signature company signatory (if required)**  Signature of duly authorised officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | |
| Logo  Description automatically generated  2 Railway Road, Kalamunda WA 6076  PO Box 42, Kalamunda WA 6926  9257 9999  enquiries@kalamunda.wa.gov.au | | | | Direct Debit Request Service Agreement | |
| This is your Direct Debit Service Agreement with *City of Kalamunda* (APCA User ID Number – 207219) ABN 6074 1095 678 (the Debit User). 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 written, verbal, or online request between *us* and *you* to debit funds from your account.  usor we mean City of Kalamunda, (the Debit User) you have authorised by requesting a Direct Debit Request.  you mean the customer who has authorised the Direct Debit Request.  your financial institution means the financial institution at which you hold the account you have authorised us to debit. | | | |
| 1. **Debiting your account** | | * 1. By submitting a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. The *Direct Debit Request* and this *agreement* set out the arrangement between *us* and *you*.   2. *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.   ***or***  *We* will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.   * 1. 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. **Amendments by us** | | * 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 sent to the preferred email or address you have given us in the Direct Debit Request. | | | |
| 1. **How to cancel or change direct debits** | | * 1. You can:  1. Cancel or suspend the Direct Debit Request; or 2. change, stop or defer an individual payment, or at any time by giving us at least 7 days’ notice. 3. should this agreement be cancelled within the two-year period any rates outstanding will be required to be paid in full including all penalty interest if applicable and may be charged an early termination administration fee of $20.   To do so, contact us in writing at City of Kalamunda, PO Box 42, KALAMUNDA WA 6926 or email [rates@kalamunda.wa.gov.au](mailto:rates@kalamunda.wa.gov.au)  or  You can also contact your own financial institution, which act promptly on your instructions. | | | |
| 1. **Your obligations** | | * 1. 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*.   2. If there are insufficient clear funds in *your account* to meet a *debit payment*:      1. *you* may be charged a fee and/or interest by *your financial institution*.      2. *we may charge you reasonable costs* incurred by *us on account of there being insufficient funds*; and      3. *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.   3. *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.   4. It is your responsibility to advise City of Kalamunda if your account is transferred or closed.   5. A rejected Direct Debit payment may be charged an administration fee of $10.00 per rejected transaction to the account as per the City of Kalamunda approved Annual Budget Fees & Charges Schedule.   6. No refunds will be provided unless the property is sold, and ownership is transferred.   7. Rates are not to be paid in advance by more than 3 years of the rates & charges levied. At that time, you will be asked to reduce payments or cancel the Direct Debit Arrangement.   8. If the customer terminates the Continual Direct Debit Agreement within the 2-year period, an early termination fee of $20 may be charged to the rates account. | | | |
| 1. **Dispute** | | * 1. If you believe there has been an error in debiting *your account*, *you* should notify us directly on [**rates@kalamunda.wa.gov.au**](mailto:rates@kalamunda.wa.gov.au) **or 08 9257 9999** . Alternatively, you can contact your financial institution for assistance.   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 within a reasonable period 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.   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. | | | |
| 1. **Accounts** | | *You* should check:   * + 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.     2. *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and     3. with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*. | | | |
| 1. **Confidentiality** | | * 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.   2. *We* will only disclose information that *we* have about *you*:      1. to the extent specifically required by law; or      2. for the purposes of this *agreement* (including disclosing information in connection with any query or claim). | | | |
| 1. **Contacting each other** | | * 1. If *you* wish to notify *us* in writing about anything relating to this *agreement*, you should write to:  City of Kalamunda, PO Box 42, KALAMUNDA WA 6926 or email **rates@kalamunda.wa.gov.au**   2. *We* will notify *you* by sending a notice to the preferred address or email *you* have given us in the *Direct Debit Request.* Any notice will be deemed to have been received on the second *banking day* after sending. | | | |