

Direct Debit Change or Cancellation

Please complete this form to change or cancel an existing direct debit arrangement.

For property change, please cancel the existing agreement and complete a new Direct Debit form.

Applicant Details

Title Surname Given Names
Company Name
Postal Address
Suburb State Postcode
Home Phone Work Phone Mobile
Fax Email Address

Request Type

Debtors Rates

Property Address

**Applicable to Rates Only. Payment will be allocated to this property.*

Cancellation Details (please choose one)

Full Cancellation Date Effective
Temporary Cancellation Date Effective Recommendation
(Maximum period of one month)

Details of Change (Please tick the type of change you are requesting and supply new details)

Bank Details BSB Account Number
Account Name Financial Institution
Amount New amount to be debited
Amount in words
Frequency Fixed Amount (Processed on Fridays only) Weekly Fortnightly Monthly

OR Full Amount on the Due Date of Rate Levy

Please note:

- This option is NOT available for Supplementary Levies (alternative payment is required)
- This option is only available if there are NO ARREARS on this rate assessment
- The amount will vary depending on the rate levy issued (please see the relevant rate notice for the NET amount to be deducted)
- This deduction will be processed on the last day of the relevant rate levy discount period (please see your relevant rate notice for the Discount Due Date)

Signature Date

Print Name

If signing for a company please also print full name and capacity for signing (e.g. Director)

Privacy Notice

These details will only be used for the purpose for which they have been collected and will not be used for any other purpose. We will not disclose the information you provide outside of Council unless we are required by law or you have given your consent. To the fullest extent allowed by law Council, its officers and employees will not be liable for any claims in respect of any loss arising out of, or in connection with, the use of any of the supplied information.

Office Use Only

Actioned Date Actioning Officer Property/Debtor ID
Pay Week Off Pay Week Monthly Full Amt Due Date

Direct Debit Change or Cancellation Form

Form No E5302-505

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