

## Payment Arrangement 10 Graham Place, CASINO

10 Graham Place, CASINO 19-25 Woodburn Street, EVANS HEAD Locked Bag 10, CASINO, NSW, 2470

Phone: 02 6660 0300 Fax: 02 6660 1300 council@richmondvalley.nsw.gov.au

| Your Details                        |   |
|-------------------------------------|---|
|                                     |   |
| Rates/Water-Se                      | wer/Debtor Number   |
| Full Name/s as p                    | per notice  |
|                                     | Title: Mr /Ms /Mrs/Miss/Mr & Mrs  |
| Property Address                    | s:  |
| Postal address:                     |   |
|                                     | Postcode  |
| Day-time telepho                    | ne:   |
| Email:                              |   |
|                                     | . —   |
| Payment A                           | rrangement Details  |
| TYPE                                | AMOUNT COMMENCEMENT FREQUENCY   |
| ITPE                                | AMOUNT COMMENCEMENT FREQUENCY   |
| RATES                               | \$  |
| WATER/SEWER                         | \$ Date/ Weekly/Fortnightly/Monthly/Quarterly   |
| DEBTOR-Other                        | \$  |
|                                     |   |
|                                     | d and acknowledge that:-  |
| Interest applies of any payment arr | on all overdue balances in accordance with the Local Government Act 1993 regardless of angement.  |
| This arrangemen                     | nt is subject to approval by Council  |
| If unable to make                   | e a payment arrangement please contact Council asap   |
|                                     | rangement is broken and no alternative payment arrangement is entered into, asider action to recover the overdue balance at any time after the arrangement is broken. |

| Direct Debit Details   |  |
|--|--|
| To have payments made by direct debit please complete this section   |  |
| New Request  |  |
| BSB: NoAccount Name:   |  |
| Account Number:Financial Institution   |  |
| Authorisation  |  |
|  |  |
| Name (Print) Signature   |  |
| Date:  |  |
| Name (Print) Signature   |  |
| Date:  |  |
| Please allow 14 days for the request to be actioned  |  |
| Privacy and Personal Information Protection Notice   |  |
| Purpose of collection: Public access to Council's documents.  Intended recipients: Council staff and is publicly available under the Government Information Public Access Act 2009.  Supply: Voluntary, a consequence of non provision is that insufficient information will be provided.  Access/Correction: Requests for access / correction of information under the Government Information (Public Access) Act or Privacy & Personal Information Protection Act 1998, contact the Council's Right to Information |  |
| Access Act of a reactive of a reasonal information and reactive contact the council's Night to information   |  |

Officer.

Storage: Storage: This form will be recorded in Council's Corporate Records Management System upon receipt.

Please lodge this form with Richmond Valley Council by mail, in person, via fax or email