

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

For property change, please cancel the existing direct debit facility and complete a new Direct Debit Request Form.

Applicant Details

Title	<input type="text"/>	Surname	<input type="text"/>	Given Names	<input type="text"/>
Company Name	<input type="text"/>				
Postal Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mobile	<input type="text"/>				
Email address	<input type="text"/>				

Request Type

Rates	<input checked="" type="checkbox"/>
Property Address	<input type="text"/>

Cancellation Details

Full Cancellation	<input type="checkbox"/>	Date Effective	<input type="text"/>
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Details of Change

Bank Details:	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
	BSB		Account Number							
	Account Name			<input type="text"/>		Financial Institution				<input type="text"/>
Signature	<input type="text"/>				Date	<input type="text"/>				
Print Name	<input type="text"/>									

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 the supplied information.

Office Use Only

Actioned Date	<input type="text"/>	Actioning Officer	<input type="text"/>	Assessment No.	<input type="text"/>
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Direct Debit Change or Cancellation Form

Somerset Regional Council, PO Box 117, Esk, Qld., 4312

Phone: (07) 5424 4000

Email: mail@somerset.qld.gov.au