



AMENDMENT TO DIRECT DEBIT

As from _____ (Date) this authority replaces existing authorities

New Amount: \$ _____

Rate Account Number: _____

Bank Account Number:

New Frequency:

(Delete frequencies not applicable)

Weekly/ Fortnightly / Monthly / Six-monthly / Quarterly / Annually

Arrangement is:

(NB Weekly must be a fixed arrangement.)

Fixed / Variable

Name of Ratepayer:

(Please use block letters)

Postal Address of Ratepayer:

Signature of Ratepayer:

Contact Telephone Number:

E-mail Address:

Office Use Only

ACCEPTING CLO:

Sign and Initials:

CLO Notes added

Date DD Amended:

Actioning Officer:
