

Arrangement for Payment of Rates

Print clearly using black/blue pen only

Property Number:	
Property Address:	
Person Responsible for Payment of Rates:	
Telephone Number:	
Email Address:	
Total Amount Currently Outstanding:	As at

I hereby agree to make the following commitment in order to clear the above property of all outstanding rates and charges. I understand that interest will accrue on such amounts until fully paid.			
I agree to pay the Central Goldfields Shire Council an amount not less than \$(please tick) per week per fortnight per month			
commencing on			
I understand that if any time I am in default of this agreement the Shire may initiate legal proceedings, immediately and without notice, at my expense in order to recover the total amount of the debt outstanding plus interest accrued.			
I require a Direct Debit Request Form			
Signature:			
Witness:			
Date:			

Privacy Collection Statement:

The collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. Please refer to the Privacy Policy for further information.