

	FINANCIAL MANAGEMENT Payment Arrangement DCSB-07 Form 78 <u>FORM</u>	File Number:	
		Version No:	1
		Issued	April 2016
		Next Review	Jan 2017
		Pages	Page 1 of 1

PAYMENT ARRANGEMENT APPLICATION

Applicant Details

Name _____

Address _____

Email _____ Phone _____

Account or Property Details

Assessment No/ Debtor No _____

Property Address _____

Payment Arrangement Details

☐ **New arrangement**

 or

 ☐ **Amendment of current arrangement**

RATES \$ _____ Commencing ____/____/____ Weekly / Fortnightly / Monthly

DEBTOR \$ _____ Commencing ____/____/____ Weekly / Fortnightly / Monthly

I understand and acknowledge that;

- *Interest applies on all overdue rate balances in accordance with the Local Government Act 1999;*
- *If unable to make a payment please contact Council ASAP;*
- *If a payment arrangement is broken and no alternative arrangement is entered into, Council may consider action to recover the overdue balance at any time.*

Name _____ Date _____

Signature _____

Payment Options:

Bank Transfer

BSB: 015-436

ACC: 7062 30051

Reference: Assessment No or Debtor No.

BPAY (Rates ONLY)

Bill Code: 180687

Reference: Assessment Number

Please return this form to the District Council of Streaky Bay by mail, fax, e-mail or in person.

In Person

District Council of Streaky Bay

29 Alfred Tce

Streaky Bay SA 5680

Mon – Fri 9am – 5pm

Mail

District Council of Streaky Bay

PO Box 179

Streaky Bay SA 5680

Fax/ Email

(08) 8626 1196

dcstreaky@streakybay.sa.gov.au

For further information please contact the Rates Officer on (08) 8626 1001.