

Direct Debit Option Form

HOW TO COMPLETE THIS FORM

- Enter Customer Name, Address, Valuation or Customer ID No
- Please tick your Annual, Quarterly, Monthly, Fortnightly or Weekly
- If Fortnightly or Weekly which day and Start Date
- *Sign and Date*

Customer Details

NAME :

Valuation No:

ADDRESS:

Customer or Invoice No:

RATES			
Annual	On Due Date on 1 st Instalment <input type="checkbox"/>	Quarterly	On Due Date <input type="checkbox"/>
Monthly	Actioned 20 th of Month <input type="checkbox"/>		
Fortnightly	Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	Weekly	Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>
Start Date			
WATER	Actioned 20 th of month following date of invoice <input type="checkbox"/>		
Fortnightly	Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	Weekly	Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>
Start Date			
Sundry Invoice			
Monthly	Actioned 20 th of the Month <input type="checkbox"/>		
Fortnightly	Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	Weekly	Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>
Start Date			

Please ensure you return the completed Direct Debit Authority form with this option form.

Signature		Date	
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FOR OFFICE USE ONLY

Date Actioned			
Direct Debit Authority No		Signature	