

## PAYMENT ARRANGEMENT FORM (Initial Application)

### Applicant's Details

Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### Property Details

Property Address: \_\_\_\_\_  
*I choose to pay the following accounts under a payment arrangement:*  
Rates Account No: \_\_\_\_\_  
Water Account No: \_\_\_\_\_  
Debtor Account No: \_\_\_\_\_

### Payment Details

The amounts for each account are to be deducted as per the following:

Rates Account: \$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
Water Account: \$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
Debtor Account: \$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly

Commencement Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

I require this Payment Arrangement to remain continuous.

*I acknowledge that interest is accruing at 7.0% per annum, calculated daily, on the outstanding balance. I understand that, should I default on any agreed repayment, without notice to Council, the full amount of the outstanding debt will become due and payable immediately and that Coonamble Shire Council may take legal action to recover the debt.*

### Signature

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_