



Form

Direct Debit Request (DDR)

FCS-021
Revision 01

I/We request you, South Gippsland Region Water Corporation, 253830, to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below and the conditions of the DDR Service Agreement.

Name

Postal Address
 Postcode

Signature(s) X X

If debiting from a joint bank account, both signatures are required

Date / / Phone No.

Name and Branch of Financial Institution

BSB No. -

Bank Account Number
 Name/s shown on Bank Account

Schedule *(please circle preferred option)*

Commencing on: / /

please debit **Full Payment** on the due date; **OR**

\$_____ from the above account: **Twice Monthly** / **Monthly**

and credit account number _____ held with South Gippsland Water.
(account number shown on Service Account)

Property Address: _____

Definitions of cycles:

- Full Payment: 4 monthly bill will be paid by the due dates i.e. 31st Jan., 31st May, 30th Sept.
- Once per Month: 20th of each month
- Twice per Month: 1st and 15th of each month.
- Other: Please call 5682 0444 to discuss all other options.