

2018-2019 COUNCIL RATES APPLICATION FOR PAYMENT ARRANGEMENT

Ratepayer Name:			
Property Address:			
Mailing Address:			
Phone:		Mobile	
Email:			

Debt Details

Assessment:		Total Rates Balance as at 30/06/2019:	\$
Payment Amount:	\$		
Payment Frequency:			
Date of First Payment:			
Payments will be made via:	<input type="checkbox"/> BPAY <input type="checkbox"/> In person/phone <input type="checkbox"/> EFT <input type="checkbox"/> Post Office		

Conditions of Agreement:

1. No fines or interest will be applied, provided the payment terms and conditions are met.
2. Should two (2) or more consecutive payments not be made in accordance with this payment arrangement, then the Town of Gawler will cancel the arrangement due to the breach of conditions of the agreement and may, without further notice to the ratepayer, refer the outstanding amount to a Debt Collection Agency for legal action. Non-payment fines and interest will also then apply.
3. Payment Arrangements are only accepted for the current Financial Year in which they are made. **All Payment Arrangements expire on 30th June at which time a new application is required for the approaching Financial Year.**

I/We acknowledge and accept the conditions of the payment arrangement as disclosed above.

Signature of Applicant (1): _____ Date: _____

Signature of Applicant (2): _____ Date: _____

COUNCIL USE ONLY

Authorising Officer:	
Position:	
Date Approved:	
Arrangement Review/Expiry Date:	

Authority Arrangement
 Memo
 Interest/Fines Excluded
 Approval Letter