

SA Water Direct Debit Request



I/We.....(please print name/s)

authorise SA Water Corporation (User ID 67201) to arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System (BECS).

This agreement is to remain in force in accordance with the terms described in the Service Agreement.

Financial Institution Account Details *(All details must be supplied)*

Name of Financial Institution:
Name(s) on Account:.....
Branch (where account is held):
BSB Number:Bank Account Number:

SA Water does not accept credit cards for direct debit arrangements.

Please provide a password for use on your SA Water account: _ _ _ _ _

(must contain 6-8 characters with at least 1 alpha/numerical character)

In the event you forget your password please provide a keyword or question to assist you to remember it:

.....
This will be used for identification when making enquiries or changes to these arrangements over the phone.

Your SA Water Account Number _ _ _ _ _ (print page 2 of this form if you have more than one account number)

Address of property: _ _ _ _ _

Payment Details

I/We request that you debit my/our account/s (see Page 2 if more than one account) in accordance with the Service Agreement and subject to the following conditions. (please tick one box only)

Automatic Payments
This option will automatically debit the quarterly amount owing on your account, on the due date.

Periodic Payments

Fortnightly Weekly Four Weekly Monthly Quarterly

Amount to be debited: \$.....

First payment date:/...../..... Final Payment Date:/...../.....(If applicable)

Declaration

I/We authorise the following:

1. The debit user to verify the details of the above mentioned account with my/our financial institution.
2. The financial institution to release information allowing the debit user to verify the above mentioned account details.

Customer Signature(s): X..... X.....

Date...../...../..... Contact Telephone Number: (.....).....

The information requested on this form is for the purpose of providing you with direct debit payment facilities. Your personal information will only be used or disclosed for purposes relating to your direct payment facility in accordance with the State Government Information Privacy Principles. If you wish to update or access the information that we hold about you, please contact us.

Return form by either fax: (08) 7003 3332 or post to SA Water (Receivings) PO Box 1751, Adelaide SA 5001

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This page only needs to be completed if you have more than one account number you would like included in the direct debit arrangement. The accounts listed below are to be included in the direct debit arrangement. Please make additional copies of this page if you have more than three additional accounts to be included in the direct debit arrangement.

Your SA Water Account Number _____

Address of property: _____

Payment Details

I/We request that you debit my/our account/s in accordance with the Service Agreement and subject to the following conditions. (please tick one box only)

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