



Payment of Overdue Accounts by Arrangement

Name: _____

Address: _____

Telephone: _____

Account for which payments to be made: RATES WATER DEBTORS

Assessment/Account Number: _____

Overdue Amount: _____

Frequency: WEEKLY FORTNIGHTLY MONTHLY

Payment Amount: _____

First Payment: _____ Paid by/Review: _____

Notes: _____

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- I understand that if I default on the above arrangement the account may be subject to immediate legal action without further notice to me and that I am liable for all interest charges and legal costs that occur.
 - I understand that interest will still accrue on all overdue amounts.
 - I understand that if I am unable to make payment of the agreed amount I am to make contact with the Rates Department within 2 days of the payment falling due.

Signed: _____ Date: _____

