

URALLA SHIRE COUNCIL
Application for Payment Arrangement

NAME: _____ PHONE: (work) _____

ADDRESS: _____ (home) _____

YOUR EMPLOYER: _____

WHAT TIME OF THE DAY ARE YOU EASIEST CONTACTED? _____

ACCOUNT TYPE: RATES / WATER / DEBTORS (Circle appropriate account)

ACCOUNT NUMBER: _____ BALANCE OWING: _____

I hereby wish to make application to repay the above mentioned balance by \$ _____

Weekly/fortnightly/monthly/other installments commencing _____

Subject to the conditions set out below.

Minimum payment required by Council \$ _____

Other instalments to be made as follows:

Date Due	Amount Due	Date Due	Amount Due

Conditions of Arrangement:

- ❖ Failure to honour this agreement may result in legal action being commenced for the recovery of the debt without further notice.
- ❖ Each payment must be made on or before the due date.
- ❖ All current accounts must be paid on or before the due date.
- ❖ No variance may be made to this schedule without the approval of the Debt Recovery Officer.

I understand and accept these conditions and agree to the outlined payment schedule.

Signed: _____ Date: _____

Approved: _____ Date: _____

Customer Received Copy – Signed: _____