

2020-2021 COUNCIL RATES APPLICATION FOR PAYMENT ARRANGEMENT

Ratepayer Name:			
Mailing Address:			
Property Address:			
Phone:		Mobile:	
Email:			
Assessment:		TOTAL Rates Balance to 30/06/2021	\$
Payment Amount:	\$		
Payment Frequency: (please tick <input checked="" type="checkbox"/>)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
Date of First Payment:			
Payments will be made via: (please tick <input checked="" type="checkbox"/>)	<input type="checkbox"/> BPAY	<input type="checkbox"/> In person/phone	<input type="checkbox"/> EFT
<i>*Not Direct Debit - see condition 4 below*</i>	<input type="checkbox"/> Post Office	<input type="checkbox"/> Centrepay	

Is this application a result of the COVID-19 (Coronavirus) Pandemic? Yes No

If you answered 'Yes' above, please indicate below:

Loss of employment Reduction of income Closure of my own business

Other

Conditions of Agreement:

- No fines or interest will be applied, provided the payment terms and conditions are met.
- 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.
- Payment Arrangements are 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.**
- This application is for **self-managed payments only and not Direct Debit**. Direct Debit is available for monthly payments (15th of each month) or quarterly on Instalment due dates – please complete a **Direct Debit application** if this payment method is required.

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 Expiry Date:	

(OR default expiry of 30/06/2021)

Authority Arrangement
 Memo
 Interest/Fines Excluded
 Approval Letter