

<h2 style="margin: 0;">PAYMENT AGREEMENT REQUEST</h2> <h3 style="margin: 0;">RATES AND CHARGES / DEBTOR ACCOUNT</h3>
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Property Address:	Assessment No. (As shown on rate notice) / Invoice Number(s):
Ratepayer's / Debtor's Name(s):	Postal Address:
Amount Outstanding:	Contact Telephone No.
Date:	Email Address:

I / We will pay the amount outstanding by:

- WEEKLY**
 FORTNIGHTLY
 MONTHLY
 QUARTERLY

payments of \$_____ commencing_____ and acknowledge that the following conditions apply:

1. Interest will continue to be charged at the prescribed rate of interest as determined in accordance with the penalties interest act until the debt is paid in full;
2. Failure to maintain the agreement could result in legal recovery action being instituted without further notice;
3. Any costs associated with such action can be fully recovered by the council as part of the debt.

Agreement forms are to be returned within seven (7) days, otherwise legal action may continue without further notice.

SIGNATURE(S):

DATE:

Privacy Statement: The Yarriambiack Shire is committed to meeting the requirements set out in the Privacy and Data Protection Act 2014 in regards to management and handling of personal information.

Consequently, Council will:

- Only use personal information provided by you for the purposes for which it was collected and for any other authorised use.*
- Not disclose your personal information to a third party and will take all necessary measures to prevent unauthorised access or disclosure.*
- Ensure that your personal information is not disclosed to other institutions and authorities outside Council except if required or authorised by law. If you have any queries regarding this Privacy Statement, please contact Council's Information Privacy Officer.*

OFFICE USE ONLY: APPROVED BY REVENUE COORDINATOR

SIGNATURE:

DATE: