



## COUNCIL RATES PAYMENT ARRANGEMENT APPLICATION FORM

| Contact Details     |     |     |
|---------------------|-----|-----|
| Ratepayers Name(s): |     |     |
| Property Address:   |     |     |
| Postal Address:     |     |     |
| Assessment Number:  |     |     |
| Contact Number:     | (H) | (M) |
| Email Address:      |     |     |

| Arrangement Details        |  |
|----------------------------|--|
| Date of Submission:        |  |
| Payment Amount:            |  |
| Payment Frequency:         |  |
| Commencement Date:         |  |
| Payments will be made via: | <input type="checkbox"/> BPAY <input type="checkbox"/> In Person/Phone <input type="checkbox"/> EFT <input type="checkbox"/> Post Office |

**Conditions**

No arrangement will be put in place until this signed form has been approved by Council.

I/we agree to make payments as stated above. If I/we am/are unable to make the agreed payment at the scheduled time I/we will contact the Northern Areas Council advising of the missed or late payment. Failure to advise Council of missed payments will be regarded as an automatic default. If my circumstances change, I will contact Council with a revised written payment plan.

I/we are aware that the balance of arrears will continue to accrue fines and interest levied under the Local Government Act, which are also payable.

All payments received will be allocated in the following order: legal charges, fines, interest, rates arrears, as per Section 183 of the Local Government Act.

Failure to honour the agreed payment arrangement may result in legal action or the resumption of legal action without further notice. I/we are responsible for all legal fees incurred.

|            |  |
|------------|--|
| Name:      |  |
| Signature: |  |

**Please submit this form to [admin@nacouncil.sa.gov.au](mailto:admin@nacouncil.sa.gov.au) or to PO Box 120 JAMESTOWN SA 5491.**