



DIRECT DEBIT REQUEST CANCELLATION FORM

Telephone: 08 9186 8555

Email: enquiries @karratha.wa.gov.au

ABN: 83 812 049 708

Property Owner's Name(s)	Property Assessment Number		
Property Address	A		
	Daytime Contact Number / Mobile Email Address		
		REASON FOR C	ANCELLATION
		REASON FOR C	ANGELLATION
Account has been paid in full	I/we no longer own the property		
I/we wish to pay by the prescribed options	Other (please give details below)		
Time wish to pay by the prescribed options	Office (please give details below)		
acknowledge that I/we have read and understood the attached	Direct Debit Request Service Agreement and I/we agree to the		
of this agreement, in particular:			
By cancelling this Direct Debit agreement I/we assume res	sponsibility for the payment of all rates and service charges		
the prescribed due date.	. , , , ,		
I/we understand that by cancelling this Direct Debit agreer payable immediately and the City of Karratha may comme			
I/we will incur the \$50 administration charge for this a	greement upon cancellation		
	- · · · · · · · · · · · · · · · · · · ·		

Date



Date

Signed (by Account Holders as specified on your account):

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