



DIRECT DEBIT CANCELLATION

Date: _____

I, _____ wish to
(please print)

cancel my Direct Debit, being for the amount of \$_____ per Week
 Fortnight
 Month

for Rates/Water at: (Property) _____

on Assessment No: _____

Signature: _____ Telephone: _____

PRIVACY DISCLAIMER
Mackay Regional Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as we are required to by law

OFFICE USE ONLY	
Date Received: _____	Assessment #: _____
Direct Debit Confirmed: _____	Direct Debit Archived: _____
Archived By: _____	Date: _____
Audited By: _____	Date: _____