Application to pay rates by instalments

You may use this form to apply to pay your overdue rates by instalments. Once a decision has been made by Council, you will be notified in writing. ***Note: Council does not/ cannot do DIRECT DEBIT (meaning directly take money out of your account/s.) \*****Please see below payment options.*

|  |
| --- |
| **Applicant Details** |
|  |
| **Full name(s)** |
|       |
|  |
| **Postal Address** |
|       |
|  |
| **Contact Number** |  | **Email** |
|       |  |       |

|  |
| --- |
| **Property Details** |
|  |
| **Assessment Number (1)** |  | **Property address and/or description** |
|       |  |       |
|  |
| **Assessment Number (2)** |  | **Property address and/or description** |
|       |  |       |

|  |
| --- |
| **Authorisation** |
|  |
| I/We agree to pay the Barcaldine Regional Council  | $      | per  | [ ]  week | [ ]  fortnight | [ ]  month |
| beginning on |       | *(d/mm/yyyy)* | for a period of |       | [ ]  weeks | [ ]  months  | [ ]  years |
| or until the outstanding balance on each assessment is paid in full. |
| I understand that an instalment must be made each week / fortnight / month as agreed and that interest of 5% per annum will accrue daily on my rate assessment until payment is made in full.Should I fail to keep this arrangement I understand that legal action may commence.***\****Payment Options: Cash, Cheque, Credit Card, EFTPOS and BPay |
| Applicant (1) Signature |  | Date |       |
| Applicant (2) Signature |  | Date |       |

|  |
| --- |
| **Lodgement of your application** |
|  |
| MAIL | Post to ‘PO Box 191, Barcaldine QLD 4725’Email to rates@barc.qld.gov.au  |
|  |
| IN PERSON | Visit any BRC Administration Office from 8.00am to 4.30pm Monday to Friday  | AlphaAramacBarcaldine | 43 Dryden Street 35 Gordon Street71 Ash Street  |

**OFFICE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment |       | O/S Balance | $      | as at |       |
| Agreement [ ]  Approved [ ]  Not approved | DM Signed: |  |
| Reason if not approved |       |
|  |       |
| Date entered into Rates Manager |       | Officer signed |  |