

Office:
Date:/...../.....
Time:
Name:

CANCELLATION OF DIRECT DEBIT REQUEST

Property Address:	
Assessment Number:	
Owner Name/s:	

Please cancel the monthly/lump sum (delete one) direct debit for the above property as at/...../20....

Signature:	
Name:	

Privacy Statement:
 The personal information collected on this form will be used by Gladstone Regional Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other Local Government Acts. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law. This Council document is subject to the provisions of the Right to Information Act 2009.