

PAYMENT ARRANGEMENT FORM



CONTACT INFORMATION

Full Name: _____

Organisation: _____

Address: _____

Postal Address: _____

Contact Number: _____ Mobile: _____

Email: _____

PROPERTY DETAILS

Assessment Number : _____

PROPOSED PAYMENT PLAN

Amount to be paid: \$ ____.

To be paid per:

Week:

Fortnight:

Month:

Other: _____

Commencement date : _____

Additional information and details relating to the request:

CONDITIONS

By signing this form you are agreeing to the conditions below:

- All payment arrangements incur a \$49 administration fee as per the Town of East Fremantle's Schedule of Fees and charges.
- Late payment interest of 11.00% per annum will accrue on all overdue rates, over the payment period and is not included in this repayment schedule.
- You will need to contact the Town prior to your last payment due to confirm the final amount owing on your rates account.
- It is the responsibility of the ratepayer to ensure that the agreed payment amounts are paid on or before the agreed due date. Reminder notices will not be issued.
- The Town of East Fremantle requires full payment of the outstanding rates by the end of the financial year.
- Should you default on the payment arrangement, a Final Notice with the outstanding balance of your rates will be forwarded to you, requesting payment within 14 days. Failure to do so may result in the commencement of debt recovery to recover the outstanding amount owing. Any costs associated with debt recovery, will result in additional costs. This will increase the above rates account due for payment.
- Payments can be made using BPAY through your bank or financial institution. The biller code for the Town of East Fremantle is 889220 and your BPAY Reference Number is your payment account number on your rates notice.

Signature: _____ Date: _____

SUBMISSION

admin@eastfremantle.wa.gov.au, PO Box 1097, Fremantle WA 6959 or 135 Canning Highway, East Fremantle

For additional information please contact the Town of East Fremantle on 9339 9339

OFFICE USE ONLY

Rates Officer:	Approve:	<input type="checkbox"/>	Decline:	<input type="checkbox"/>
Executive Manager Corporate Services:	Approve:	<input type="checkbox"/>	Decline:	<input type="checkbox"/>
Signature:	Date:			