

# REGULAR PAYMENT AGREEMENT - APPLICATION FORM -

| Assessment Number:                       | Date: |  |
|--|-------|--|
| Name of Applicant:                       |       |  |
| Name of Property Owner:                  |       |  |
| Property Address:                        |       |  |
| Contact Number:                          |       |  |
| Email:                                   |       |  |
| Arrears amount as stated on rate notice: |       |  |

#### By completing this form, the Applicant agrees to the following:

In accordance with the Coorong District Council Debt Recovery & Financial Hardship Policy, I agree to enter into this payment arrangement. In doing so, I acknowledge that my regular payments will see the debt balance paid within an acceptable time frame.

In making application for a payment arrangement, I understand that a failure to adhere to regular payments may result in:

- (1) Additional fees being applied such as monthly interest, quarterly fines and legal costs;
- (2) An escalation of the debt, including referral to an external debt recovery agency and which may result in additional fees and impact negatively on my credit report; and/or
- (3) Council pursuing other recovery options in accordance with section 182 of the *Local Government Act 1999* (sale of property for non-payment of rates for rate accounts which have been arrears for more than three (3) years).

| Payment Schedule<br>(please tick box below) |  | Payment Amount: \$<br>Commencement Date: |  |
|---|--|--|--|
|   |  |  |  |
| Fortnightly                                 |  |  |  |

• Monthly

I agree with the above schedule and abide by the terms to help retire my debt with the Coorong District Council.

Name: ...... Signed: .....

Date: .....

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## **REGULAR PAYMENT AGREEMENT**

- APPROVAL FORM -

| Assessment Number:                       | Date: |  |
|--|-------|--|
| Name of Applicant:                       |       |  |
| Name of Property Owner:                  |       |  |
| Property Address:                        |       |  |
| Contact Number:                          |       |  |
| Email:                                   |       |  |
| Arrears amount as stated on rate notice: |       |  |

### The following section is to be completed by a delegated officer of Council.

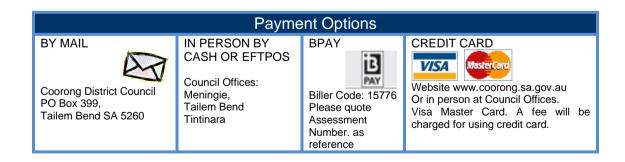
Dear: .....

Council has assessed your application to enter into a regular payment arrangement; the application has been:

#### Approved Denied

You are requested to pay the amount of \$.....per.....per....., commencing on

[Date].....



Signed on behalf of Coorong District Council

Date:

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