



**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**

**(please tick box below)**

- Weekly
- Fortnightly
- Monthly

**Payment Amount: \$** .....

**Commencement Date:** .....

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

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

Date: .....

**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....., commencing on

[Date] .....

Payment Options			
<b>BY MAIL</b>  Coorong District Council PO Box 399, Taillem Bend SA 5260	<b>IN PERSON BY CASH OR EFTPOS</b> Council Offices: Meningie, Taillem Bend Tintinara	<b>BPAY</b>  Biller Code: 15776 Please quote Assessment Number. as reference	<b>CREDIT CARD</b>  Website <a href="http://www.coorong.sa.gov.au">www.coorong.sa.gov.au</a> Or in person at Council Offices. Visa Master Card. A fee will be charged for using credit card.

.....  
Signed on behalf of  
Coorong District Council

**Date:** .....