

PAYMENT ARRANGEMENT - DEBTORS

APPLICATION

I/we are currently unable to pay my/our outstanding debtor invoice/s in full and apply to make payments by instalments as follows:

Name (s) _____

Postal Address _____

Telephone Number _____

Email Address _____

Invoice number (s) _____

Amount outstanding _____

Please select (No of Payments/Frequency) _____ Weekly/ Fortnightly/ Monthly payments of
\$ _____ and balance to be paid in full by _____ (date)

- I/we agree to make the above mentioned payment instalments and repay the total outstanding debtor amount by the end date as shown above, plus any legal costs incurred by Council during any debt recovery process.
- I/we are aware that the **balance of arrears will continue to accrue interest**
- Statements may continue to be sent for outstanding balances. Please disregard these notices if you have made your payments in the agreed time frame.

Failure to honour the approved payment arrangement may result in all outstanding balances being forwarded to debt management without further notice.

Signature(s) _____ Date: _____

FOR OFFICE USE ONLY

Authorisation

Officer: _____ Name: _____ Date: _____

Authorisation: _____ Name: _____ Date: _____