District Council of
Loxton Waikerie

Rates Payment Arrangement Application Form

35 Bookpurnong Tce
Loxton SA 5333
T: (08) 8584 8000
E: rates@lwdc.sa.gov.au
W: lwdc.sa.gov.au

Payment arrangements help spread your rates payments out over a longer period.

This means you can make regular weekly, fortnightly, or monthly payments. The minimum payment that Council can accept will depend on your current rates balance and how often you elect to pay. The aim should be to pay arrears balances in full within six months.

If you have defaulted on previous payment arrangements, you may find your request is not accepted. This is assessed on a case-by-case basis.

TERMS AND CONDITIONS:

No arrangement will be put in place until this completed form has been received by Council.

I/we agree to make regular payments as outlined below; if I/we am/are unable to make the agreed payment at the scheduled time I/we will contact Loxton Waikerie Council in writing advising of missed payment. I/we acknowledge that failure to advise of missed payment/s will be regarded as an automatic default, I/we acknowledge that repeated missed payments, even if notified to Council, may be regarded as a default.

I/we are aware that the balance of arrears will continue to accrue monthly interest and quarterly fines applied in accordance with the *Local Government Act 1999*, and which are also payable.

I/we understand that all payments received will be allocated in the following order and as applicable: Legal charges, fines, interest, rates in arrears, pursuant to Section 183 of the *Local Government Act 1999*.

By submitting this application, I/we acknowledge and accept that the payment arrangement outlined below will cover the full rates arrears balance, including any accrued interest, fines, and legal fees that may be applied.

I/we acknowledge and accept that Council reserves the right to escalate this file and/or resume legal action without further notice, should I/we fail to honour the agreed payment arrangement outlined below.

Your contact details:

Full Name: _____

Postal Address: _____

Mobile Number: _____

Email Address: _____

Tell us about your rates: (Please complete a separate form for each rate account)

Assessment No. _____

Property Address: _____

Rates Notice Date: _____

IMPORTANT: Council can accept a payment plan for your rates that will pay the arrears in full within 6 months. Please use this timeline when calculating your regular payments.

If you are experiencing financial hardship, please contact the Rates Team on 8584 8000 or email rates@lwdc.sa.gov.au to negotiate a payment plan tailored to your individual circumstances.

Frequency [Tick ✓]: **Weekly** ☐ **Fortnightly** ☐ **Monthly** ☐

Amount: $ _____

Commencement date: _____

In addition to this amount, will you also be paying future quarterly instalments as they fall due?

[Circle]: **YES / NO**

OR

I am seeking an extension: **2 Weeks** ☐ **1 Month** ☐

OR

I can pay in full by [Date] _____

Current Arrears Balance:	$
Total Payments to be made under this Arrangement	$

Total Payments should match or exceed the Arrears Balance.

NOTE:

- Council cannot arrange automatic direct debit from your bank account for this payment arrangement. You will need to ensure the scheduled payments are made on time. You can do this by setting up a periodical payment via your internet banking or by contacting your financial institution.
- Payments can be made via any of the payment options outlined on your quarterly rates notices.

Please return this form in person to any of our Customer Service Centres or to:

Email: rates@lwdc.sa.gov.au **OR** **Post:** PO Box 409, Loxton SA 5333

After assessing your completed form, we will notify you in writing regarding the status of your application.

DECLARATION:

Full Name: _____

Signature: _____ **Date:** _____

By signing this form, I declare and affirm that:

- I am the Owner and/or Principal Ratepayer responsible for the payment of rates associated with the rate account specified on Page 1 of this form, and
- I have read, understood, and agree to abide by the Terms and Conditions outlined herein, and
- I acknowledge and accept the commitment to remit payments in accordance with the agreed-upon payment schedule as specified above, fully recognising that failure to do so may result in further actions as outlined in the Terms and Conditions on Page 1 of this form.