



EASYWAY PAYMENT PLAN REQUEST

Rates Office Facsimilie: 03 9243 8783

Assessment No _____

Name _____

Mailing Address _____

_____ **Postcode** _____

Property Address _____

Telephone Number/s (must be provided) _____

Payments may be made on a monthly, fortnightly or weekly basis.

I intend to pay either by Bpay, Credit Card over the phone or via the internet, or in person at Council.

Please send me a payment card in order for me to make payments at Australia Post.

Please nominate the amount you are able to consistently pay:

\$ _____ per week/fortnight/month starting on _____ .

I agree to maintain payments as indicated above. I understand that failure to adhere to the payment plan will result in it being removed.

Signature _____ **Date** _____