



## APPLICATION FOR STANDPIPE ACCESS

This form must be used to apply for access to the Shire of Yilgarn Electronic Standpipes.

The completed form with a payment of \$20.00 (*if applying for a new or replacement commercial card or replacement domestic card*); is to be forwarded to the Shire of Yilgarn. Your application cannot be completed until payment has been made.

Applying for:  Commercial Card  Domestic Card (*first card issued free of charge*)

**PLEASE NOTE:**

- A separate application form is required for each card applied for;
- There are multiple pages that require completion for commercial cards; and
- Incomplete forms will be returned.

<b>APPLICANT DETAILS</b>
<b>Business Name:</b>
<b>Applicant/s Name:</b>
<b>ABN:</b>
<b>Business Type (ie, farmer/mining):</b>
<b>Postal Address:</b>
<b>Contact Phone Number/s:</b>
<b>Email:</b>
<b>Residential Location (if applying for domestic card):</b>

<b>DECLARATION:</b>
<b>I/We agree to abide by the "Conditions of Access" as detailed on the back of this application and the requirements of the Shire of Yilgarn. I/We are aware that non-compliance with the conditions may result in access being withdrawn.</b>
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____

<b>OFFICE USE ONLY</b>
<b>Amount Paid:</b> _____ <b>Receipt Number:</b> _____
<b>Date:</b> _____ <b>Card Number:</b> _____



## CONDITIONS OF ACCESS

The Shire of Yilgarn provides standpipes to allow access to scheme water for members of the community who do not have access to readily available water supplies.

Water supplied from standpipes is drinking quality scheme water provided by the Water Corporation and proper thought should be given to its use and storage.

- **Misuse of water taken from standpipes may result in access being withdrawn.**
- The permit holder is responsible for the safety and security of the Standpipe Access Card and all charges that result from the use of the card to obtain water from Shire of Yilgarn's standpipes.
- Lost or stolen cards must be reported to the Shire of Yilgarn immediately. Cards reported lost or stolen will be cancelled.
- Cards have the potential to become inactive if there is no use registered through the Standpipe system. To reactivate a card, please call the Shire of Yilgarn on the number below.
- All applications for new, replacement or additional cards will incur a \$20.00 fee.
- During times of drought or water shortages, access to standpipes may be restricted or prohibited for periods as determined by the Water Corporation and/or the Shire of Yilgarn.
- Any damage to a standpipe or its surrounds or any abuse or unauthorised activity by others must be reported immediately to the Shire of Yilgarn.
- Should access to standpipes be abused the Shire of Yilgarn reserves the right to withdraw the service.
- Access controlled standpipes are located on Beaton Rd, Castor St, Garrett Rd, Koolyanobbing Rd, Bullfinch, Perilya, Moorine Rock, Noongar, Bodallin, Gatherer and Marvel Loch.

### **DOMESTIC CARDS:**

- Issue is at the discretion of the Shire of Yilgarn;
- One domestic card issued, upon application, per inhabited dwelling located on a rural farming lot;
- No fee will be charged for applications for domestic use cards, however replacement cards will be charged as per the current fees and charges;
- Sufficient credit to withdraw 400 Kilolitres of water will be applied to each domestic card issued;
- Upon 1st July each year, each domestic card will be credited with the funds required to withdraw 400 Kilolitres during that financial year, based on the standpipe water charge set for that year; and
- Funds remaining on the card at 30th June will not be rolled over into the next financial year.

Additional copies of this form are available from the Shire of Yilgarn, 23 Antares Street Southern Cross or can be downloaded from the website [www.yilgarn.wa.gov.au](http://www.yilgarn.wa.gov.au).



## STANDPIPE SWIPE CARD PAYMENT OPTION

- Prepayment\***  
\* Only payment option available for corporate non-ratepayers.
  
- Post-paid (by Direct Deposit\*\*)**

**Signature of Applicant:**

**Date:**



## SHIRE OF YILGARN (314011)

### Direct Debit Request (DDR)

You may contact us as follows:-

Phone: 08 9049 1001  
Email: rates@yilgarn.wa.gov.au  
Mail: 23 Antares St  
Southern Cross WA 6426

All communication addressed to us should include your Customer Number.

#### **PART A - Your Details**

---

Customer Number:	<input type="text"/>		
Customer Name:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
State:	<input type="text"/>	Postcode:	<input type="text"/>

#### **PART B - Schedule**

---

Payments will be debited in the first week of the following month. A receipt and usage statement will be emailed to your nominated email address.

#### **PART C - Payment Amounts**

---

Payments amount will be debited in full.



**PART D - Cheque/Savings Account or Credit Card Authorisation**

---

I/We request and authorise SHIRE OF YILGARN (314011) to arrange, through its own financial institution, a debit to your nominated account any amount SHIRE OF YILGARN (314011), has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial Institution:

Branch:

Account Name:

BSB No.  -

Account Number:

I/We request and authorise Acknowledgment. By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and SHIRE OF YILGARN as set out in this Request and in your Direct Debit Request Service Agreement.

Signature:  Date:

Signature:  Date:

If debiting from a joint bank account, both signatures are required.

OR

I request you SHIRE OF YILGARN to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card Number:

Expiry Date:  /

Cardholder Name:

Signature:  Date:

**Completed Application**

---

Return your completed application by mail to:-

Mail: 23 Antares St  
Southern Cross WA 6426

Return your completed application by email to: [rates@yilgarn.wa.gov.au](mailto:rates@yilgarn.wa.gov.au)



## Customer Direct Debit Request (DDR) Service Agreement

This is your Direct Debit Service Agreement with SHIRE OF YILGARN (314011) . It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

### How to Contact Us

#### Enquiries

You can contact us directly or alternatively contact your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. You may contact us as follows:-

Phone:	08 9049 1001
Email:	emcs@yilgarn.wa.gov.au
Mail:	23 Antares St Southern Cross WA 6426

All communication addressed to us should include your Customer Number.

### Definitions

**account** means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between *you* and *us*.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by *you* to *us* is due.

**debit payment** means a particular transaction where a debit is made.

**direct debit request** means the Direct Debit Request between *us* and *you*.

**us** or **we** means SHIRE OF YILGARN (314011) *you* have authorised by requesting a *Direct Debit Request*.

**you** means the customer who has signed or authorised by other means the *Direct Debit Request*.

**your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

### Debiting your account

By signing a *Direct Debit Request* or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your *account*. You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your *account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from your *account* if we have sent to the address nominated by you in the *Direct Debit Request*, a billing advice which specifies the amount payable by you to us and when it is due.

If the *debit day* falls on a day that is not a *banking day*, we may direct your *financial institution* to debit your *account* on the following *banking day*. If you are unsure about which day your *account* has or will be debited you should ask your *financial institution*.

### Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving you at least **fourteen (14) days** written notice.

### Amendments by you

You may change, stop or defer a *debit payment*, or terminate this agreement by providing us with at least 7 days notification by writing to:

23 Antares St  
Southern Cross WA 6426

or

by telephoning us on 08 9049 1001 during business hours;

or

arranging it through your *financial institution*, which is required to act promptly on your instructions.

### Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your *account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

If there are insufficient clear funds in your account to meet a *debit payment*:

- you may be charged a fee and/or interest by your *financial institution*;
- you may also incur fees or charges imposed or incurred by us; and
- you must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in your *account* by an agreed time so that we can process the *debit payment*.

You should check your *account* statement to verify that the amounts debited from your *account* are correct.

## Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 08 9049 1001 and confirm that notice in writing with *us* as soon as possible so that we can resolve your query more quickly. Alternatively *you* can take it up directly with *your financial institution*.

If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

## Accounts

*You* should check:

- with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- *your account* details which *you* have provided to *us* are correct by checking them against a recent account statement; and
- with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

## Confidentiality

*We* will keep any information (including *your account* details) in your *Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

*We* will only disclose information that *we* have about *you*:

- to the extent specifically required by law; or
- for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

## Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

SHIRE OF YILGARN  
23 Antares St  
Southern Cross WA 6426

*We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.