

Council Tax Direct Debit Application

Full Name

Address

.....

Postcode

Daytime Telephone No.

Please tick one of the boxes below:

Take my payment on the 1st of each month

Take my payment on the 10th of each month

Take my payment on the 20th of each month

Do you want your payments extended to March?

Yes **No**

I understand that a Council Tax bill detailing the amounts to be deducted from my bank and the payment details will be sent to me.

Return this form to:

Revenues Division, Gateshead Council, Civic Centre,
Regent Street, Gateshead, Tyne & Wear, NE8 1HH

Originators Identification Number

9 7 1 2 7 7

Instruction to your Bank or Building Society

Please pay Gateshead Council Direct Debit from my account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Gateshead Council and, if so, details will be passed electronically to my Bank/Building Society.

Council Tax No.

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Name and Address of Bank or Building Society

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Names of Account Holder(s)

..... /

Account No.

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Sort Code.

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Signature(s)

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Date

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