The Council of the Shire of Brewarrina PAYMENT ARRANGEMENT FORM

I	of
agree that as atI ow	e Brewarrina Shire Council
for	
I agree to pay to Brewarrina Shire Cou	uncil per
which will commence on	_ In order to repay the said debt within 12
months.	
Further I agree to pay current accounts they fall due.	s issued by Brewarrina Shire Council as and when
I acknowledge that interest is accruing balance.	at 9% pa calculated daily on the outstanding
authority given for the default, that the due and payable immediately and that	ny agreed repayment without written notice and full amount of the outstanding debt will become Brewarrina shire Council will take the necessary I costs will be added to the outstanding debt.
Signed (Debtor)	Date
Witness	Date
Authorised Officer	Date
Witness	Date

^{*} Where a Friday is a public holiday in the State of New South Wales or the Shire of Brewarrina then payment may be made on the next succeeding day which is not a Saturday, Sunday or such a public holiday.