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ABN: 68 284 130 046

<p><u>Office Use:</u></p>       <p>Document ID:          Account No.:          Account Status:</p>
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## Cancellation / Change of Direct Debit Details

Please tick details you wish to update

### Account Details

Property Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
*(if different from Property Address)*

### Cancellation Request

Date of Cancellation to Commence: \_\_\_\_\_

*One of the below must be selected*

Resume Payment on: \_\_\_\_\_  Do not resume:

### Change of Payment Option Request

**Option 1 – Flexipay**

Select this option to have a regular pre-payment amount debited to your nominated Water account on the 20th day of each month.

On the 20th day of each month commencing \_\_\_\_\_ (month-year), debit the amount of \$ \_\_\_\_\_

**NOTE:** Your account is to be settled by the pay by date as per your Quarterly Billing Notices.

**Option 2 – Pay in Full**

Select this option to have the full amount shown on your Billing notice (including any arrears) debited from your nominated bank account on the Pay-by Date.

**NOTE:** Quarterly Billing Notices will continue to be sent for your records. **Receipts issued upon request.**

### Change of Bank Account Details Request

**FOR CHANGE OF BANK DETAILS REQUEST PLEASE COMPLETE THE BACK OF THIS FORM**

### Acknowledgement

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- Roxby Council incorporating Roxby Water may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false
- I approve of the information that has been provided and approve the changes requested to be actioned as per this completed form

Full name of person completing this application: \_\_\_\_\_

Signature of person completing this application: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Change of Bank Account Details Request

Name of Financial Institution: \_\_\_\_\_

BSB:

Account No:

### Name/s on account

*The exact name/s of the account holder/s must be indicated.*

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

*All authorised signatories must sign the authorisation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_