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ABN: 68 284 130 046

Office Use:

Document ID:

Account No.:

Account Status:

Roxby Water Direct Debit Authorisation

All fields are required to be completed.

Account Details

Name/s on Account: _____

Property Address: _____

Contact Number: _____ Email: _____

Payment Option

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.

Authorisation

PLEASE PROVIDE BANK ACCOUNT DETAILS ON THE REVERSE OF THIS FORM

I/we authorise Roxby Water to debit my/our nominated bank account as specified on the reverse and agree to the Roxby Water Direct Debit Service Terms, until further notice in writing is received by Roxby Water.

Signature: _____ Date: _____

Signature: _____ Date: _____

Direct Debit Terms & Conditions

This Direct Debit Authorisation supersedes any prior payment option you have entered into with us.

A copy of the Roxby Water Direct Debit Service Terms and Conditions is available for download on the Roxby Council website: www.roxbydowns.sa.gov.au

Bank Account Details

Name of Financial Institution: _____

BSB No:

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:** _____ / _____ / _____