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ABN: 68 284 130 046

Office Use:

Document ID:

Account No.:

Account Status:

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/Change Details

Cancellation Request

Date 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 Power 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 Power 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: ____ / ____ / ____