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Office Use:

Document ID:

Account Status:

Roxby Water Direct Debit Authorisation

**Required Fields*

To authorise payments by Direct Debit, please complete the information below and return to the Roxby Council Office.

Account Details

Account Number (if known): _____

*Name/s on Account: _____

*Property Address: _____

*Contact Number: _____ Email: _____

Account Details

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 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

Bank Account

Name of Financial Institution _____

Account No

BSB No *(As detailed on your bank statement)*

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 ____/____/____

OR

Credit Card Account (MasterCard or Visa only)

Credit Card Number

Expiry Date /

Name on Card _____

Signature (Card Holder) _____ Date ____/____/____