



Richardson Place  
PO Box 124  
Roxby Downs SA 5725  
Phone 08 8671 0010  
[roxby@roxbycouncil.com.au](mailto:roxby@roxbycouncil.com.au)  
[www.roxbydowns.sa.gov.au](http://www.roxbydowns.sa.gov.au)

ABN: 68 284 130 046

Office Use:

Document ID:

Account Status:

## Cancellation of Direct Debit

*\*Required Fields*

### Account Details

\*Water Account Number: \_\_\_\_\_

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

### Account Owner Details

\*Surname \_\_\_\_\_ \*Given Name: \_\_\_\_\_

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

\*Residential Address: \_\_\_\_\_

\*Postal Address (If different from residential): \_\_\_\_\_

### Request

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

*One of the below must be selected*

Resume Payment on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do not resume

### Acknowledgement Signature

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 in this application.

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

\*Signature of person completing this application \_\_\_\_\_

\*Date \_\_\_\_/\_\_\_\_/\_\_\_\_