



Richardson Place
 PO Box 124
 Roxby Downs SA 5725
 Phone 08 8671 0010
roxby@roxbycouncil.com.au
www.roxbydowns.sa.gov.au

ABN: 68 284 130 046

Office Use:

Document ID:

Account No.:

Account Status:

Electricity Payment Arrangement

All fields are required to be completed.

Account Details

Property Address: _____

Account Name/s: _____

Contact Number: _____ Email Address: _____

Postal Address (if different from Property Address): _____

Payment Details

If this Arrangement is made before the pay by date of the original notice

- Maximum of four weeks extension is given from due date

If this Arrangement is made on or after the pay by date of the original notice

- Maximum of two weeks extension is given from payment date.

Current Balance Outstanding: \$ _____ (after monies paid towards account on agreement date)

Date of Instalment	Amount of Instalment
1.	
2.	
3.	Only applicable if arrangement is made BEFORE Due Date
4.	Only applicable if arrangement is made BEFORE Due Date

Signature to Agreement

The Municipal Council of Roxby Downs is under no obligation to enter into any payment arrangement outside the normal electricity supply account terms.

I understand that any default in the payment arrangement will result in the balance owing becoming immediately due and payable and **WILL** result in disconnection of power without further notice.

If disconnection occurs due to default, demand for power to be restored before 3.30pm will result in a \$95.00 reconnection fee.

I understand that this payment arrangement is for the current balance outstanding stated above not for any future charges.

I am authorised to enter into this arrangement as the owner of the account.

I agree to contact the Electrical Services Officer at Council in writing if I am unable to keep this agreement.

Signed: _____

Name (print): _____ Date: ____ / ____ / ____

Office Use Only

Accepted Rejected Amended By (print name): _____

Signed: _____ Date: ____ / ____ / ____