



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 Number:

Account Status:

Electricity Payment Arrangement

All fields are required to be completed.

Account Details

Account Name/s: _____

Property Address: _____

Contact Number: _____ Email Address: _____

Postal Address (if different from Property Address): _____

Payment Arrangement Details

Amount currently owing: \$ _____

Please select **one payment option** and complete the relevant details below:

☐ Pay outstanding balance in full Payment date: ____ / ____ / ____

☐ Recurring payment arrangement ☐ Weekly ☐ Fortnightly ☐ Monthly

Recurring payment amount: \$ _____ Final instalment date: ____ / ____ / ____

Important: A payment extension of up to four weeks from the original due date may be granted.

For example, if the original bill is due on 18 May, the latest available extension date is 18 June.

Signature to Agreement

The Municipal Council of Roxby Downs is not required to approve any payment arrangement outside the standard terms of the electricity supply account.

I understand that if I default on this payment arrangement, the full outstanding balance will become immediately due and payable, and power may be disconnected without further notice.

If disconnection occurs due to default, reconnection is available Monday to Friday between 4:00 pm and 5:00 pm, subject to a reconnection fee. An additional fee will apply for reconnections outside these hours. Please refer to Council's [Fees and Charges Register](#) for details.

I acknowledge that this payment arrangement applies only to the current outstanding balance stated above and does not cover future charges.

I confirm that I am authorised to enter into this arrangement as the account holder.

I agree to notify the Council's Electrical Services Officer in writing if I am unable to meet the terms of this agreement.

Signed: _____

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

Office Use Only

☐ Accepted ☐ Rejected ☐ Amended By (print name): _____

Signed: _____ Date: ____ / ____ / ____