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ABN: 68 284 130 046

Office Use:

Document ID:

Debtor Payment Arrangement

All fields are required to be completed.

ARRANGEMENTS MADE BEFORE THE DUE DATE ON ORIGINAL ACCOUNT:

MAXIMUM OF THREE MONTHS (12 WEEKS) EXTENSION IS GIVEN FROM THE DUE DATE.

Account Details

Debtor Reference Number _____ Due Date of Invoice _____

Debtor Name: _____ Address: _____

Account Name: _____

Email: _____ Contact Number: _____

Payment Details

Agreed Arrangement Balance: \$ _____ Instalment Amount: \$ _____

First Instalment Commencing on: _____ / _____ / _____

Payment Schedule: ☐ Monthly ☐ Fortnightly ☐ Weekly ☐ *Other

(tick appropriate)

***If you have ticked "Other" payment schedule, please complete your payment schedule on the back of this form.**

Signature to Agreement

The Municipal Council of Roxby Downs is under no obligation to accept or amend an alternative payment arrangement.

I acknowledge that if I default on this agreement, Council reserves the right to pursue legal action for the recovery of the outstanding amounts without further notice to me.

I agree to contact the Council in writing if I am unable to keep this agreement.

Signed: _____ Name: _____ Date: _____ / _____ / _____

Office Use Only

☐ Approved ☐ Rejected Signed: _____ Date: _____ / _____ / _____

Payment Schedule

[illegible]