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ABN: 68 284 130 046

Office Use:	
Document ID:	
Account No.:	
Account Status:	

Roxby Power Direct Debit Authorisation All fields are required to be completed.

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

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Account Details				
Name/s on Account:				
Property Address:				
Contact Number: Email:				
Payment Option				
Option 1 - Flexipay				
Select this option to have a regular pre-payment amount debited to your nominated Electricity 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 BANK ACCOUNT DETAILS ON THE REVERSE OF THIS FORM				
I/we authorise Roxby Power to debit my/our nominated bank account as specified on the reverse and agree to the Roxby Power Direct Debit Service Terms, until further notice in writing is received by Roxby Power.				
Signature: Date:				
Signature: Date:				
Direct Dahit Tarma 9 Canditions				

Direct Debit Terms & Conditions

This Direct Debit Authorisation supersedes any prior payment option you have entered into with us.

A copy of the Roxby Power Direct Debit Service Terms and Conditions is available for download on the Roxby Council website: www.roxbydowns.sa.gov.au

Bank Account Details				
Name of Financial Institution:				
BSB No:				
Account No:				
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:	/	/	