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:

Roxby Power Direct Debit Authorisation

All fields are required to be completed.

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 request and authorise Roxby Council on behalf of Roxby Power (214083) to arrange a debit to our nominated account to pay for power user charges provided by Roxby Power.

This debit or charge will be arranged by Commonwealth Bank of Australia and made through the Bulk Electronic Clearing System (BECS) from our nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement until further notice in writing is received by Roxby Power.

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirmed that:

i. you are authorised to operate on the nominated account; and
ii. you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

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

Roxby Power Direct Debit Authorisation Form

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** ____ / ____ / ____