

RATES REFUND/TRANSFER REQUEST

OFFICE USE ONLY

Record No: _____

Date: ____ / ____ / ____

Ratepayer/ Bank Account Holder: *(nominate who is requesting refund/transfer)*

☐ Owner

☐ Bank Account Holder

Full Name

Assessment Number

Property Location

Postal Address

Contact Number

Email Address

☐ Refund credit balance to bank account details currently on file:

Amount to be refunded: \$ _____

☐ Refund credit balance to bank account details below (not on file):

Amount to be refunded: \$ _____

Account held in the name of: _____

ABN Number *(applicable if Business Account)*: _____

Financial Institution: _____

BSB Number: ____ - ____

Account Number: _____

☐ Transfer to another rates assessment under the same ownership:

Amount to be transferred: \$ _____

Transfer to Assessment Number: _____

If rate assessment in joint ownership all signatures and names are required

Full Name: _____

Signature: _____ Date: ____ / ____ / ____

Full Name: _____

Signature: _____ Date: ____ / ____ / ____