



REFUND – BALANCE TRANSFER

I/we _____
(Surname or Company / Business Name) _____ (Given Name or ACN) _____

Of _____
(Address) _____
_____ (State) _____ (Postcode)

Property Assessment Number _____

Property Address (if different to above) _____

Credit Refund Request - EFT **Cheque** **(please specify details):**

Amount of Refund: Rates \$ _____ Water \$ _____

Account Details: BSB _____ Account _____

Balance Transfer (between assessments/ rates and water):

Amount to be Transferred \$ _____

Assessment From : _____ Rates or Water (please circle)

Assessment To: _____ Rates or Water (please circle)

Privacy Statement

The information and personal details provided by you on this Form are managed in accordance with the *Privacy and Personal Information Protection Act 1998* and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Council's *Privacy Management Plan*. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system.

Customer Name: _____ Contact Phone Number: _____

Customer Signature: _____ Date: _____

OFFICE USE ONLY

Fee \$20.00 per transaction

Amount Paid \$ _____ Date: _____ Receipt No: _____ Cashier: _____



Please process payment for _____ to the below credit card.

CREDIT CARD PAYMENT DETAILS

Cardholder Name: _____

Card Type: Visa
 MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

CCV Number: _____

(Payment cannot be processed without a CCV number and your request will be returned if not supplied)

Amount: \$ _____

Applicant Signature: _____

Contact Name: _____

Contact Number: _____

Date: _____