

# Customer Request Refund Credit

**IMPORTANT NOTICE:** Western Downs Regional Council is collecting personal information you supply on this form in accordance with the *Queensland Local Government Act 2009* and the *Local Government Regulation 2012*. The personal information collected on this form will be used to refund credit balances from your account as per request. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

## Customer Details *(\*ALL fields are mandatory THEY ARE required for processing purposes)*

**Please complete this form in the name, in which you require the amount to be refunded too.**

*Surname: <u>OR</u>		First Name:	
*Company Name:		ABN #:	
*Postal Address:			
*Suburb:		*Postcode:	
*Phone (h):		*Phone (w):	
*Phone (m):		Fax:	
*Email Address:			

**IMPORTANT NOTE:** Due to Council's Fraud Policy, we will contact you to verbally confirm your bank account details. *Please ensure the number listed above can reach you during business hours or message can be left.*

## \*Request Details (please complete which account is to be refunded & amount)

<u>Rates Assessment No</u>	<u>Water Assessment No.</u>	<u>Gas Assessment No.</u>	<u>Accounts Receivable No.</u>
\$	\$	\$	\$
Property Address:			
Total Amount to be refunded:	\$		
Additional information:(if applicable)			
<input type="checkbox"/> Creditor Number: _____			

## \*Banking Details

Account held in the name of:			
Financial Institution's BSB:	.....	Account Number:	
Financial Institution's Name:		Financial Institution's Location:	

**\*Customer Signature** I declare that I am authorised to provide Western Downs Regional Council with the above information and that the provided information is true and correct. **I acknowledge that refunds will be processed within 10 working days.** Note: All Goods and Services supplied to Western Downs Regional Council are paid 30 days from date of invoice, as per Councils Procurement Policy.

Signature/s:	Name/s:	Date:
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**\*Would you like to receive a response? (Please choose)**  Yes  No **If yes, how would you like to be responded to?**  Phone  Email  
**If left blank, no response will be given**

Once completed please return to: Western Downs Regional Council, PO Box 551, DALBY QLD 4405 or [info@wdrc.qld.gov.au](mailto:info@wdrc.qld.gov.au)