

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:			

Would you like to receive a response? *(Please choose)* Yes No If yes, how would you like to be responded to? Phone Email

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)			
Preferred Refund Method: (tick)	<input type="checkbox"/> EFT <input type="checkbox"/> Cheque		<input type="checkbox"/> Creditor Number: _____

Banking Details

<i>Account held in the name of:</i>			
<i>Financial Institution's BSB:</i>	<i>Account Number:</i>	
<i>Financial Institution's Name:</i>		<i>Financial Institution's Location:</i>	

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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Office Use Only - Please ensure this is completed by AP prior to processing refund

Created/Modified Date:	Authorising Officer Initials:	Creditor Number
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Once completed please return to: Western Downs Regional Council, PO Box 551, DALBY QLD 4405 or info@wdrc.qld.gov.au