



Application for Refund of Overpayment Rates/Water Account

NAME: _____

ADDRESS: _____

EMAIL : _____

PHONE NUMBER: _____

AUTHORISATION

I hereby wish to apply for a refund of \$ _____ from the over payment on my

Rates / Water assessment number _____.
(Please circle relevant account)

I would like the refund to be paid via:

Cheque

Bank Transfer / EFT – **Please complete and submit a Creditor Authorisation Form for all Bank Transfer / EFT payments.**

Signature

____ / ____ / ____
Date

Signature

____ / ____ / ____ (If applicable)
Date

Privacy Statement

The collection of this information is authorised under Local Government Act 2009. This information will be used to confirm ownership of properties and authorisation to transfer funds. Unless authorised or required by law, your personal information will not be disclosed to any third party without your consent. More information about privacy management in the Central Highlands Regional Council is available on our website.