

REQUEST FOR REFUND

Please complete this form to allow Colac Otway Shire to make payments direct into your nominated account.

Rates Refund Other Refund: _____

CUSTOMER DETAILS

Customer Name: _____

Company Name (If applicable): _____

Address: _____

Postal Address: _____

Phone Number: _____ Email: _____

ABN (If applicable): _____

REFUND REQUEST

Account/Assessment No. _____ Account Name: _____

REASON FOR REFUND:

I have attached a copy of proof of the payment I am requesting the refund for (This can be a screenshot of the payment in your bank account)

Direct Debit overpayment – Receipt details on file

BANK ACCOUNT DETAILS

BSB Number: _____ Account Number: _____

Account Name _____

SIGNATURE

Signature: _____ Date: _____

Important Information:

- As part of Council's Fraud Prevention Policy, we will contact you to confirm your bank details on receipt of this form
- Please allow a minimum of 14 days for all Refunds to be paid

RETURN COMPLETED FORM TO: Colac Otway Shire
PO Box 283, COLAC VIC 3250

inq@colacotway.vic.gov.au
Phone 03 5232 9400

The personal information requested on this form/document is be collected for **Payment purposes**. The personal information will be used solely by Council for the primary purpose for which it was collected or a purpose the person would reasonably expect. The person providing the information understands that the personal information provided is for **Payment purposes** and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to the responsible officer or the Privacy Officer.

