

Return Form To:

REFUND REQUEST FORM

Administration Office: 577 Hannan Street, Kalgoorlie WA 6430

Postal Address: PO Box 2042, Boulder WA 6432

Telephone: (08) 9021 9600 Facsimile: (08) 9021 6113

Email: mailbag@ckb.wa.gov.au

This form may be emailed, posted or completed online on the city's website.

Owner Details

ASSESSMENT NUMBER

REQUESTED AMOUNT

PROPERTY OWNER NAME(S)

PROPERTY ADDRESS

MAILING ADDRESS (If different)

HOME PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

Office Use Only

DESCRIPTION

Rate Refund

COA

1073010.20

REFUND AMOUNT

\$

CREDITOR CODE

RATES BATCH NUMBER

CREDITOR BATCH NUMBER

SIGNED

NAME (PRINTED)

DATE

APPROVED

Refund Request

Please complete one of the following options:

Option 1 – Refund

A refund of overpaid rates may take up to **15 business days** to be credited in to your nominated bank account.

EFT Refund - Please complete bank account details

NAME OF FINANCIAL INSTITUTION

ACCOUNT NAME(S) *eg Mary Smith*

BSB NUMBER

ACCOUNT NUMBER

Cheque Refund - Please complete payee details

NAME OF PAYEE (*MUST BE PROPERTY OWNER NAME(S)*)

POSTAL ADDRESS

Option 2 – Transfer credit to another property

Please nominate the property details that funds are to be transferred to.

Assessment

Address

Acknowledgment

I/We may be charged a \$10.15 processing fee. To be charged at the City's discretion.

I/We acknowledge that the Direct Debit Arrangement is governed by the Terms and Conditions of the "Direct Debit Service Agreement". I/We accept all charges associated with the arrangement as determined by the City. I/We authorise the City of Kalgoorlie-Boulder to arrange for funds to be credited to my/our bank account at the Bank/Financial Institution shown above through the Bulk Electronic Clearing System (BECS) or from my Credit Card.

SIGNATURE(S)

DATE:

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