

Avdata Refund Form

APPLICATION FORM

Name: _____

Street Address: _____

Postal Address (if different): _____

Daytime contact number: _____

After hours contact number: _____

Avdata permit number	Avdata key number	Refund amount

Preferred Payment Method (please tick one):

EFT payment for Refunds

Financial Institution name: _____

Bank Account Holder name: _____

BSB: _____ - _____ - _____ Bank Account Number (up to 9 digits): _____

Credit my refund to my Coliban Water Account number: _____

Cheque (in the name of the applicant and mailed to his/her address)

Signature _____ Date _____

Refunds are not available over the counter on request and may take up to 14 days to process

Office use only

Initials: _____

Date: _____

