

Credit Refund Request

Date: _____

Property Address: _____ Postcode: _____

Account Number: _____

Mailing Address (if different from above): _____

 Are you a sole Account Holder? Yes No

Individual Details:	
Applicant 1	Applicant 2 (2 nd person on account is applicable)
Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Surname:	Surname:
First Name:	First Name:
Second Name:	Second Name:
Date of Birth:	Date of Birth:
Telephone:	Telephone:
Mobile:	Mobile:

I would like the amount of \$ _____ to be refunded in the form of a: (please tick)

 Cheque

 Eftpos

Bank Institution: _____

BSB: _____ - _____

Account number: _____

Declaration:

Please allow a two to three week turn around time period for the refunded amount to be deposited to your account or sent via cheque. In the event of financial hardship an EFT refund can generally be processed faster but we need you to let us know by calling 1300 363 200.

Full Name: _____

Full Name: _____

Signature: _____

Signature: _____

 Coliban Water
 PO Box 2770
 Bendigo DC VIC 3554

 Tel: 1300 363 200
 Fax: 5434 1340
 www.coliban.com.au

Office use only:

Initial of staff member: _____

