

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 be advised to allow a four to six week turnaround period for the refunded amount to be deposited or sent via cheque.

Full Name: _____

Full Name: _____

Signature: _____

Signature: _____

Coliban Water
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Fax: 5434 1340
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Office use only:

Initial of staff member: _____

