

# 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 <sup>nd</sup> 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

If you would like a remittance advice on your deposit please provide your email address

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

