



EFT REFUND REQUEST FORM

Assessment Number _____

Property Address _____

Contact Numbers _____

Work

Mobile

Email Address to receive Remittance Advice _____

Details of bank account to be credited for the refund request (EFT)
--

Name of person/company who made the payment: _____

Name of person/company funds are to be remitted to: _____

*** If remit to company, please provide company ABN:* _____

Account held at _____
(Name and branch of institution)

BSB number _____ Account number _____

Acknowledgement

I, _____ (insert full name), authorise and request the City of Subiaco to arrange a refund of
\$ _____ being for

(Reason for refund request)

Please ensure proof of payment (copy of receipt of bank statement) is supplied with this request and account details are correct. All authorised signatories must sign this form before the refund request can be processed.

Signature _____ Date _____

Signature _____ Date _____

Disclaimer: It is your responsibility to ensure your bank account details and payment details are correct. The City of Subiaco takes no responsibility for payments that are made to incorrect details provided.

Administration Centre: Level 2, 388 Hay Street, SUBIACO WA 6008

Postal address: PO Box 270, SUBIACO WA 6904

Phone: (08) 9237 9222 **Fax:** (08) 9237 9200 **Email:** city@subiaco.wa.gov.au **Website:** www.subiaco.wa.gov.au