

APPLICATION TO RETURN DEPOSIT

NAME:
ADDRESS:
EMAIL:
CONTACT NUMBER:
COMPANY / GROUP:
DATE:

Request the refund of \$_____ being for Hire of Facility on ___/___/_____

Please note: The Shire of Waroona's preferred method of payment is by direct debit to the recipient's bank. Please complete the details below to receive your payment. If left blank a cheque shall be produced and sent to the above address.

Account Name: _____
Bank Name: _____
BSB: _____
Account Number: _____

Signed: Date:

Office Use Only

Creditor Code: _____
Booking Number: _____
Receipt Number: _____
Receipt Date: _____

Finance Use Only

Authorised by: _____ Position _____
Account Number: _____
Fund: TRUST ACCOUNT Payment Date: ___/___/_____