

Use this form for: Refund or Transfer of overpaid/credit balance Rates and Utilities Accounts

Please save completed form into CM9 (SF19/198) and Assign to Rates

(Rates & Utilities Refund/Transfer – Name – Date – Address - ###)

Our aim is to process your request promptly and you can help us by:

- Ensuring that you have completed all sections of the form (if any sections are not applicable please notate with N/A)
- Completing the form in BLOCK LETTERS (if not completing electronically)
- Ensuring that all details for payment purposes are completed in full, current and accurate
- Attaching all necessary supporting documentation

Account Details

Account Number:			
Linked Address:			
Request Type:	<input type="radio"/> Refund \$ _____	<input type="radio"/> Transfer	Please advise below

Customer Details

Account Holder Name/s:			
Address:			
Postal Address:			
Email:		Phone:	

Refund to Bank Account Details:

Account Name:			
BSB: (###-###)		Account Number:	

Transfer to Account Details:

Rates Assessment		Amount \$	
Gas Billing		Amount \$	
Debtor Account		Amount \$	
TOTAL		Amount \$	

Declaration/Request:

I / We _____ as the Owner / Authorised Representative of the above-mentioned Account, do hereby request that Maranoa Regional Council Refund / Transfer (please circle) excess funds as detailed above. **All owners must sign.**

Signature / Authorisation

Signature:		Signature (2)	
Print Name:		Print Name (2):	
Date:		Date (2):	

Office Use Only:

Notes:			
Records No.		CRM:	
		AP Account:	

Requesting Officer / Authorisation Details

RO Signature:		Authorisers Signature:	
RO Name:		Authorisers Name:	
RO Position:		Authorisers Position:	
Date:		Date:	