

CAIRNS REGIONAL COUNCIL BOND RETURN PAYMENT REQUEST

I, _____
 (Name)

of: _____
 (Address)

am requesting a refund of: _____
 (Bond Type and Amount (\$))

Details _____

PAYMENT RECEIPT DETAILS

Receipt Number: _____

Date Payment Received: _____ Amount _____

Original method of payment (eg. cash, chq, eftpos, etc): _____
 (Please attach a copy of the receipt or other proof of payment eg copy of bank statement)

ACCOUNT DETAILS FOR REFUND

Account Name _____

BSB

			-			
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Account Number

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SIGNATURE

Signature: _____ Date ____/____/____

Contact no: _____ Email Address: _____

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of refunding payment. Your personal information is handled in accordance with *the Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.

OFFICE USE ONLY

GL Account	20-0-9000-9000-20105		
Amount to be paid (\$)	\$	GST: \$0.00	Total: \$

COUNCIL OFFICER REQUESTING PAYMENT - Please PRINT NAME AND SIGN

Name _____ Signature _____ Payroll Number _____ Date ____/____/____

COUNCIL OFFICER AUTHORISING PAYMENT - Please PRINT NAME – Signature NOT required.

Name _____ Payroll Number _____