



Richardson Place
PO Box 124
Roxby Downs SA 5725
Phone 08 8671 0010
roxby@roxbycouncil.com.au
www.roxbydowns.sa.gov.au

ABN: 68 284 130 046

Office Use:

Document ID:

Sundry Debtor Refund Request

All fields are required to be completed.

Applicant / Account Details

Organisation Name (If applicable):

Name/s:

Debtor Reference:

Contact Number:

Email Address:

Postal Address:

(If different from property address)

Request

TOTAL REFUND AMOUNT \$

If you are not the owner of the account, please provide proof of payment and reason below why a refund is being requested:

Proof provided (Please select) – **Note: Refund will not be approved if proof cannot be provided.**

- ☐ Bank Transfer Receipt of payment
- ☐ Remittance

Acknowledgement

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- Roxby Council may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false

Full name of person completing this application:

Signature of person completing this application:

Date:

/

/

Please complete Bank Account Details on the reverse of form

Bank Account Details

Full name of person completing this application:

Name of Financial Institution:

BSB:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

Account No:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name/s on account:

The exact name/s of the account holder/s must be indicated.

Name 1:

Name 2:

All authorised signatories must sign the authorisation.

Signature:

Date:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Signature:

Date:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
----------------------	---	----------------------	---	----------------------