Local Laws request for refund/transfer of overpayment form

Overpayment details			
Receipt number:		Amount of ref	fund \$
Name(s):			
Overpayment on		(e.g. Infringer	nent, Animal registration, Permit etc.)
Infringement/Animal registration num	ber:		
Reason for refund:			
Current address:			
Contact number(s):			
In an effort to reduce our carbon footprint, we provide your email address.	will no longer be printing	g paper remittance advices. I	f you would like a remittance advice please
Email address:			
Please allow four weeks	s to receive yo	ur refund – cash re	efunds are not available
/We request that you REFUND the pa	ayment/overpayme	nt on the above to my/o	ur bank account as per details below.
Bank account details/transfer			
Bank name:		Account name:	
BSB number:		Account number:	
		OR	
Please select preference of transfer:	Full amount	Partial amount \$	
To: Another debtor account	Rates account	Other	(please specify)
Debtor no.	Assessment no.		Account no.
 Please sign – if joint account, b	oth signatures a	are required	Date:
Signature:		Print name:	
Signature:		Print name:	
A/P and LL Teams – Office use	only Downson	nt approval Supplier nu	mhor
			mber.
Ledger code:	GSTC	ode: N/A Receipts:	Data
Amount to be refunded \$		D : :	Date:
Requesting officer signature:		Print name:	
Authorising officer signature:		Print name:	

