

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200 Fax 02 6566 3205
Web: www.kempsey.nsw.gov.au Email: ksc@kempsey.nsw.gov.au



REQUEST FOR REFUND OR TRANSFER OF FUNDS

Customers who have made an overpayment on rates or water accounts can apply for funds to be refunded or transferred between Council accounts.

Fees may be applicable, contact Council for further information.

APPLICANTS DETAILS

Name: _____

Address: _____

Phone number: (H) _____ (W) _____ (M) _____

Email: _____

REFUND REQUEST

Rates & Charges

Assessment Number: _____

Property Address: _____

Amount: _____ to be refunded by

EFT

Financial Institution: _____

Name of account: _____

BSB number: |__|__|__|_|-|__|__|__|_|

Account number: |__|__|__|__|__|__|__|__|__|__|

TRANSFER REQUEST

Amount: _____

Funds to be **deducted from**

Rates & Charges

Assessment Number: _____

Property Address: _____

Funds to be **transferred to**

Rates & Charges

Assessment Number: _____

Property Address: _____

REFUND
TRANSFER
OF
FUNDS

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CONDITIONS AND SIGNATURE

1. The supplier is responsible for the accuracy of the above details.
2. The supplier warrants that the bank account details provided are not false and comply with applicable laws.
3. The supplier is responsible to advise Kempsey Shire Council in writing of any changes to the above account prior to making those changes or closing the nominated account.
4. Kempsey Shire Council reserves the right to terminate or suspend the arrangement to pay suppliers by EFT.
5. The supplier agrees to repay the Kempsey Shire Council on demand any payments credited to the suppliers account in error and reserves the right to set off the amount of any overpayment made in error against any future liability owing by it to the supplier.
6. Payment will be deemed to have been made when Kempsey Shire Council has authorised its bank to credit your nominated account. Kempsey Shire Council will not be responsible for any delays in payment or errors due to factors outside the Council's reasonable control, including but not limited to delays or errors in the banking system or errors in account details supplied.

I accept the conditions and have the authority to authorise the above request.

Name: _____ Signature: _____

Date: _____

Witnessed by

Name: _____ Signature: _____

Date: _____

INTERNAL DETAILS – office use only

Date received: _____

Voucher Journal

Processed by: _____ Date: _____
