REQUEST FOR BOND REFUND

6177 Great Northern Highway
PO Box 70
BINDOON WA 6502

(08) 9576 4600

chatter@chittering.wa.gov.au
www.chittering.wa.gov.au

Office Hours
8:30am – 4:30pm
Monday to Friday

This form is to be completed when paying a bond.

CREDITOR/SUPPLIER DETAILS

Name / Trading Name			
ABN		Registered for GST?	Yes / No
Street Address			
Postal Address			
Telephone No		Mobile No	
Email Address			
Contact Person	SURNAME	GIVEN NAME	
Signature		Date	/ /

BOND AMOUNT

BOND PAYMENT METHOD

Key Bond	$50.00		Direct Deposit	
Hall Bond without alcohol	$200.00		Cheque	
Hall Bond (with alcohol)	$500.00		Cash	
	TOTAL		Credit Cards	

* Refunds for bonds paid via Credit Card must be refunded into the same credit card. Please complete credit card details below. Refunds for all other payment types will be deposited directly to bank account. Please supply bank details below.

CREDIT CARD DETAILS (Must be the card being used to pay bond)

Name as shown on the card			
Card Number	- - - -	- - - -	- - - -
Expiry Date		Card Security Number	

BANK DETAILS

Name of Account			
Name of Bank			
BSB		Account Number	

OFFICE USE ONLY – DIRECT DEPOSITS MUST BE REFUNDED FROM <u>BENDIGO TRUST (2)</u>

Trust Number		Refund Amount	
Creditor No			
Date Records Updated		Officer's Signature	
Approved By		Manager's Signature	