

REQUEST FOR RATES REFUND

Lodgement Details

Email council@benalla.vic.gov.au
Post PO Box 227
Benalla VIC 3671

Applicant Details

Full Name

Postal Address

Phone Number

Email

Receipt and Payment Details (when the overpayment was made)

Receipt/Reference No.

Property Address

Receipt Date

Amount

Screenshot of bank statement transaction preferred.

Further information may be required to verify some payments.

Bank Account Details

Financial Institution

BSB No.

Name on Account

Account No.

Payee Authorisation Details

I, (print name) _____, request to be refunded the amount of \$ _____
for the overpaid rates and/or change on my account as provided on this form.

Please make the payment into my nominated bank account, the details of which have been provided
above.

Signature: _____

Date _____

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