

## Rates Overpayment Refund/Transfer Application

**About this form:** This form is for the purpose of refunding overpayment of rates and charges OR transfer of rates payments. The refund will be processed only if the account is in credit, alternatively you may wish to leave the overpayment and have this deducted from your next rate payment. Processing a refund request may take up to 14 calendar days from the date council receives a completed application.

## How to complete this form:

- 1. Ensure that all fields have been filled out correctly
- 2. Please note that fields on this form marked with an \* are mandatory and must be completed before submitting the application.

submitting the application.							
Part 1: Application Details							
Please select one of the following:							
I am the property owner:							
I am the managing / acting agent:							
Title:		Given Name*:					
Last Name*:							
Business Name*: (If applicable )							
Mailing Address*:							
Contact Number*:							
Email Address*:							
Please Select the correct option below:							
		would like to transfer the rates payment to another assessment number ( Please complete Part 2A )					
I would like to be refur (Please complete Part 2			nded for the overpayment of my rates 2B)				
Part 2A: Transfer Information							
Assessment number paid incorrectly to:			Assessment number payment to be transferred to :				
Address of Property*:			Address of Property*:				
Amount to be transferred*:			\$				

Part 2B: Refund Information						
Rates Assessment Nu	mber *:					
Property Address*:						
Refund Amount*:		\$				
Reason Refund requir	red*:					
Part 3: Details for Direct Deposit of Refund (Required only if Part 2B is selected)						
Refunds will only be credited into a savings or cheque account						
Banking Institution Name*:						
BSB No*:		Bank Account Number*:				
Account Name*:						
Part 4: Original Pay	ment verification	check (required	for transfer & refund )			
To verify the applicant and the method of payment one of the below documents are required. Please note your application is unable to be processed if these documents are not attached to the application.*						
	Copy of Receipt					
	Copy of Credit Card Statement (Please remove credit card number) or Bank Statement including name(s) and address, and original payment					
Privacy Statement  Your personal information is being collected by Council for the purpose of assessing whether you are entitled to a refund due to overpayment of your Rates. Your information will be accessed by Council Staff, Contracted service providers and will be stored in Council's Customer Database. It will be used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, visit Council's Privacy Policy at: <a href="https://www.wyndham.vic.gov.au/privacy-policy">https://www.wyndham.vic.gov.au/privacy-policy</a>						
Part 5: Application Declaration						
I declare that I am the ratepayer/ acting agent mentioned in part 1 of this form and the information given on this form is true and correct. I agree with the terms and conditions associated with the refund process.						
Applicant Name*	Applicant S	ignature*	Date*			

Please return this form to Wyndham City by mailing it to PO Box 197, Werribee, Victoria 3030, Australia,or emailing a scanned copy to mail@wyndham.vic.gov.au