

Electronic Funds Transfer (EFT) Bond refund Request Form

Creditor Details

Name:

Address:

Postcode:

Email:

Phone:

Date of birth:

Driver's Licence number:

Financial Institution Account Details

Name of bank:

Bank's address:

Postcode:

BSB:

Account number:

Account name:

I declare that:

- I hereby authorise Maitland City Council to transfer all bond refunds into my nominated bank account as listed above.
- The details on this form are correct.
- I agree to inform Maitland City Council without delay of changes to my financial institution details.

Print name

Signature

Date

Please return form to Maitland City Council

Via email info@maitland.nsw.gov.au or post PO Box 220, Maitland 2320

For further information, phone 02 4934 9700

Office use only

Entered by

Checked by

Date