

LACHLAN SHIRE COUNCIL

REQUEST FOR TRANSFER OF RATES AND CHARGES OVERPAYMENT

Balance Transfer between Accounts

Please note to apply for a transfer, the following criteria must be met:

- At least one person noted on the account transferor account must complete the transfer request form;
- In the event not all parties are able to complete this form, sufficient documentation must be supplied to Lachlan Shire Council in support of your application & authorisation to do so (eg. Power of Attorney);
- The pending balance of your account must be in credit (this is the maximum amount transferable);
- If you are unable to attend the office of Lachlan Shire Council, please send a Justice of the Peace stamped copy of your identification with your application.

ACCOUNT DETAILS (details for the account in credit):

Account Number: _____ Date: ____/____/____

Account Type: _____ Account Type: Rates Water Debtor Account

Property Address: _____

Account holder name(s): _____

Postal Address: _____

Telephone number: _____

IDENTIFICATION:

In the event a current driver's licence is not available, a combination of 2 (two) of the following forms of identification are required:

Medicare Card, Pension Card, Veteran Affairs or Seniors Card, Birth Certificate (attach copy), Bank or Credit Card

(1) Account Holder Name: _____

Type of Identification: _____ 2nd Type ID: _____

Card Number: _____ 2nd Card Number: _____

Expiry Date: _____ 2nd Expiry Date: _____

Signature of Account Holders: _____

Witnessed by: _____ (Name of staff member)

(2) Account Holder Name: _____

Type of Identification: _____ 2nd Type ID: _____

Card Number: _____ 2nd Card Number: _____

Expiry Date: _____ 2nd Expiry Date: _____

Signature of Account Holders: _____

Witnessed by: _____ (Name of staff member)

TRANSFER DETAILS (details of the account for money to be transferred to)

Account No: _____ Account Type: Rates Water Debtor | Amount: \$ _____

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FOR COMPLETION BY REVENUE DEPARTMENT

Transfer Approved: _____

If declined reason: _____

TRIM Ref #: _____

Payment Date: _____

Completed by

Printed name: _____

Signature: _____

Date: _____