

EFT details for refund of bond

Please note cheques will not be issued.

Contact details	Name:	
	Address:	
	Phone:	Mobile:
	Email:	
	ABN: (if applicable)	
Bank details	Name of bank:	
	Bank address:	
	BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
	Account No:	
	Account name:	

I authorise Swan Hill Rural City Council to transfer directly to the above Bank account and agree to notify Swan Hill Rural City Council, in writing, of any change in such details, at least 14 days prior to the change.

Name: _____

Signature: _____ **Date:** _____