

## Customer Refund

Full Name(s)	
ABN(s)	
Address & Contact Number	
Water Allocation Account Number (formerly Land Holding reference number)	
Property ID	
Amount/Balance (\$)	

*Please tick appropriate box*

**Option 1**

Please take action to refund the credit balance on the above-mentioned account.

**Bank Details**

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email (for EFT remittance advice): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Option 2**

Please take action to transfer the credit balance on the above account to  
Water Allocation Account Number \_\_\_\_\_.