



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 _____.