

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

Name of group/organisation: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Reason for bond payment: \_\_\_\_\_

Date bond paid to the City: \_\_\_\_\_

Receipt number: \_\_\_\_\_

Amount to be refunded: \_\_\_\_\_

## **Details of account to be credited**

Account in the name of: \_\_\_\_\_

Bank: \_\_\_\_\_ BSB:  -

Account Number:

*Note: The bond will be refunded by electronic funds transfer (EFT), usually within two weeks from the date this form is received by the City.*

☐ I confirm that the above details are correct and that I wish for my bond to be returned into the account nominated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As per the terms and conditions of hire, the bond will only be refunded to the individual/company that made the original bond payment, otherwise written confirmation will be required directly from the original payee.*  
*If an electronic signature has been used to sign this document, the original PDF must be sent via email to [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au) so that the signature can be verified.*

For office use only			
I confirm that the conditions of the bond agreement have been adhered to and the bond amount stated can be returned.			
Officer name			
Signature		Date	/ /