

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 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 | / / |