Hay Shire Council 134 Lachlan Street HAY NSW 2711 Telephone: (02) 6990 1100

Fax: (02) 6993 1288 www.hay.nsw.gov.au Email: mail@hay.nsw.gov.au



OFFICE USE ONLY

Date Received

Ref No.

AUTHORITY TO TRANSFER MONIES FORM

(Blanks <u>not</u> to be photocopied. Print direct from Intranet)

| YOUR DETAILS | | | | | |
|--|--|--|--|--|--|
| Rates/Water Number: | | | | | |
| Full Name/s as per notice: | | | | | |
| Property Address | | | | | |
| Day-time Phone:Mobile: | | | | | |
| Email: | | | | | |
| REQUEST | | | | | |
| I hereby request that Council transfer funds from my nominated assessment as listed above: | | | | | |
| RATES to WATER in the amount of \$ | | | | | |
| ☐ WATER to RATES in the amount of \$ | | | | | |
| Or | | | | | |
| Please provide me with a refund of \$ from my Rates/Water account. (please circle) | | | | | |
| Bank Account details for refund. | | | | | |
| Account Name: | | | | | |
| Branch No.: Account No.: | | | | | |
| SIGNATURE/S | | | | | |
| Name (Print): Signature: | | | | | |
| Name (Print): Signature: | | | | | |
| Date:/ | | | | | |

Please lodge this form with Hay Shire Council by mail, in person, via fax or email.

| Approved: Director of Corporate Service | s I | Date Approved: 4 June 2013 | Status: | Version: 001 |
|---|-----|----------------------------|---------|--------------|
| Document ID: FORM.C.004 | | | | Page: 1 of 1 |