



Office Use:

Document ID:

Account Credit Transfer

**Required Fields*

Request

***Total Credit Accrued on Nominated Account** \$ _____ *(Stated on current account)*

***From Account Number:** _____ Rates Power Water

Partial credit transfer requested \$ _____ *(amount)*

Full credit transfer requested \$ _____ *(total credit accrued as above)*

***To Account Number:** _____ Rates Power Water

Applicant Details

*Organisation Name _____
(If applicable)

*Surname: _____ *Given Name: _____

Email Address: _____ Contact Number: _____

*Property Address: _____

Acknowledgement

I understand and acknowledge that:

- The information provided in this account credit transfer form is true and complete to the best of my knowledge
- Roxby Council may refuse the application of this form if it becomes evident that information or any supporting documentation provided is incomplete or false

I declare that I have read and understood all the statements above

*Full name of person completing this application _____

*Signature of person completing this application _____

*Date ____/____/____

| OFFICE USE ONLY | | | |
|-----------------------|--|------|--|
| Credit transferred by | | | |
| Signature | | Date | |