**Purpose of this form**

The purpose of this form is to inform East Gippsland

Water of your request to have your account credit refunded to you via cheque or electronic bank transfer (EFT).

**Privacy notice**

We manage your personal information in accordance with the Information Privacy Principles that are set out in the Privacy and Data Protection Act 2014 (VIC).

If you choose not to provide us with the requested information, we may not be able to process your application.

We may share your information with a third party, however the information will always be used in accordance with our policies as stated. We may disclose your information to other parties as required by law, or to contractors, who are required to comply with our privacy obligations.

You can get more information about the way in which the organisation will manage your personal information, including our privacy policy and the Information Privacy Act 2000 at <https://www.egwater.vic.gov.au/privacy>

**Filling in this form**

* Please use black or blue pen
* Print in BLOCK LETTERS
* Mark boxes like this 🞎 with a ✓ or 🗶
* ***All account holders must sign consent***

**Returning your form**

Check that all required questions are answered and that the form is signed and dated.

You can return this form via:

* Post – East Gippsland Water

PO Box 52

Bairnsdale VIC 3875

* E-mail - [egw@egwater.vic.gov.au](mailto:egw@egwater.vic.gov.au)
* In Person - 133 MacLeod St,

Bairnsdale VIC 3875

**For more information**

Please visit our website at [www.egwater.vic.gov.au](http://www.egwater.vic.gov.au) or call us on 1300 720 700 Monday to Friday, between 8:30am and 5:00pm, excluding public holidays.

**Account holder’s details**

1. East Gippsland Water Account Number

|  |
| --- |
| Click or tap here to enter text. |

2. Property Address

|  |  |
| --- | --- |
| Click or tap here to enter text. | |
| Click or tap here | Postcode: Click. |

3. Postal Address (if different)

|  |  |
| --- | --- |
| Click or tap here to enter text. | |
| Click or tap here | Postcode: Click. |

4. First Name Surname

|  |  |
| --- | --- |
| Click or tap here | Click or tap here |

6. Contact Number

|  |
| --- |
| Click or tap here to enter text. |

**Refund details**

7. Refund via:

|  |  |
| --- | --- |
| Cheque | EFT |

8. Reason for Request

|  |
| --- |
| Click or tap here to enter text. |

9. Account Name (EFT only)

|  |
| --- |
| Click or tap here to enter text. |

10. BSB Account Number

|  |  |
| --- | --- |
| Click or tap here | Click or tap here |

**Confirmation**

***I acknowledge that I will incur a $10.00 administration fee for a second requested refund in the same financial year. I also acknowledge that my refund request may take up to 2-3 weeks to be processed.***

11. I declare that:

* The information I have provided in this form is

complete and correct.

Customer 1 Signature

|  |
| --- |
|  |

Customer 2 Signature (if applicable)

|  |
| --- |
|  |

Date Submitted

|  |
| --- |
| Click or tap to enter a date. |

**ALL ACCOUNT HOLDERS MUST PHYSICALLY SIGN THEIR**

**CONSENT**

**ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED**

|  |  |
| --- | --- |
| **DATE RECEIVED BY EGW** | Click or tap to enter |