Deposit Refund Authorisation

Name of Individual / Company / Organisation (same as on the application form)
Is the receipt to be made out as per the applications details? ☐ **Yes** **(If YES skip the next section as deposit will be refunded to the name on the application)** ☐ **No** **(If NO please complete the next section)**
Receipt Details **(Only if "NO" has been selected above)** Name: Personal Postal Address: Business Phone: Mobile: Home Phone: Position if representing a company/organisation:
Refund Payment Option **(Subject to Permit Conditions)** (Please select one) **Cheque** ☐ **EFT** ☐

EFT Details:

BSB No:	Account No:
Bank & Branch	Account Name:

Privacy Statement

The information requested in this form is being collected by Council for the purpose of updating our administrative systems to be able to carry out Council's functions. If you do not provide the information Council may not be able to process your personal details. Council may disclose the information provided by you on this form to a third party, as required in accordance with the Information Act or our Privacy Policy which is available on our website www.darwin.nt.gov.au or on request from Council's office. You may obtain access to your personal information held by Council by submitting a request for information form that is available on our website or from the "Information Officer" (08) 89300300.

By signing below I acknowledge I have read and agree with the Privacy Statement and that the information supplied is correct

Name:
Signature
Date

Customer Services Staff to Complete

Common No:

NAR No:

Officers Name:

Resp Officers No:

Officer Signature:

Date:

Completed form to Accounts for Processing

Finance Staff to Complete

Trust ID No:

Creditor No:

Resp Officers No:

Officer Signature:

Date Completed:

Completed form to Records for Registering