

Request for Refund of Trust Bond

*Please fill in one form per bond refund.
Bonds cannot be refunded to a credit card account.*

THE NAME OF THE PAYEE ON THE RECEIPT MUST MATCH THE NAME OF THE ACCOUNT INTO WHICH THE REFUND IS TO BE DEPOSITED.

PRIVACY STATEMENT: The Gladstone Regional Council is collecting your personal information to process this request. The information will be only accessed by authorised council employees. Some information may be given to the financial institution nominated for the same purpose. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

1. CONTACT DETAILS

Surname or Company Name: _____

Given Names: _____

Postal Address: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

2. CONSENT TO TRANSFER TRUST BOND (only complete sections 1 to 3 if a refund is not required – **do not** complete the other sections of this form)

I hereby consent to the bond outlined in the information provided on this form to be transferred to Gladstone Regional Council.

Signature: _____ Date: _____

3. RECEIPT & BOND DETAILS

Receipt No.: _____ Receipt Date: _____ Amount: \$ _____

Details of Bond: *(please tick)*

Room Facility Booking Room/Facility Hired: _____ Date of Function: _____

Other *(please specify)* _____

4. ACCOUNT DETAILS *All bond refunds are paid directly into the nominated bank account outlined below.*

Financial Institution: _____ Account Name: _____

NOTE: Account Name is the personal name/s or business name of the account

BSB No.:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 Account No.:


| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|


5. PAYEE AUTHORISATION DETAILS

I, *(print name)* _____, request to be refunded the amount of \$ _____ for the bond outlined in the information provided on this form. Please make the payment into my nominated bank account the details of which have been provided above.




Signature: _____ Date: _____

LODGEMENT DETAILS

 **IN PERSON** ➤ **Gladstone Office**, 101 Goonoon Street Gladstone
Calliope Office, 5 Don Cameron Drive Calliope
Miriam Vale Office, 36 Roe Street Miriam Vale

 **POST** ➤ Gladstone Regional Council
PO BOX 29
GLADSTONE DC QLD 4680

Boyne Tannum Community Centre, Cnr Wyndham and Hayes Avenues Boyne Island
Agnes Water Rural Transaction Centre, 3 Captain Cook Drive Agnes Water
Mount Larcom Rural Transaction Centre, Raglan Street Mount Larcom

 **FAX** ➤ (07) 4975 8500
 **EMAIL** ➤ info@gladstone.qld.gov.au
 **PHONE** ➤ If you have any questions please call (07) 4970 0700

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6. OFFICE USE ONLY

| RELEASE DETAILS | <i>To be completed by staff authorising release of funds.</i> | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Receipt No.: _____ Receipt Date: _____ Amount \$ _____ | | | | | | | | | | | | | | | | | | | | | |
| Details of deductions for loss, damage or other charges to be deducted from bond. <table border="1" style="display: inline-table; width: 60%; height: 30px; vertical-align: top;"></table> <table border="1" style="display: inline-table; width: 30%; height: 30px; vertical-align: top; text-align: center;"> <tr> <td style="padding: 2px;">Refund Amount:</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table> | Refund Amount: | | | | | | | | | | | | | | | | | | | | |
| Refund Amount: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Please receipt any charges deducted from bond refund to Account No.: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle; text-align: center;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Requested by: _____ Signature: _____ | | | | | | | | | | | | | | | | | | | | | |
| Position: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | |
| Approved by: _____ Signature: _____ <small>In accordance with No. AD127 in the Delegations Register – Administrative Delegations – CEO to Other Positions</small> | | | | | | | | | | | | | | | | | | | | | |
| Position: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | |

| PAYMENT REQUEST DETAILS | <i>To be completed by Finance Staff.</i> | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Creditor No.: _____ Details Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Document Reference: _____ | | | | | | | | | | | | | |
| Cost Code: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle; text-align: center;"> <tr> <td style="width: 15px; height: 20px;">1</td> <td style="width: 15px; height: 20px;">0</td> <td style="width: 15px; height: 20px;">.</td> <td style="width: 15px; height: 20px;">6</td> <td style="width: 15px; height: 20px;">0</td> <td style="width: 15px; height: 20px;">0</td> <td style="width: 15px; height: 20px;">6</td> <td style="width: 15px; height: 20px;">.</td> <td style="width: 15px; height: 20px;">6</td> <td style="width: 15px; height: 20px;">0</td> <td style="width: 15px; height: 20px;">1</td> <td style="width: 15px; height: 20px;">2</td> <td style="width: 15px; height: 20px;"></td> </tr> </table> | 1 | 0 | . | 6 | 0 | 0 | 6 | . | 6 | 0 | 1 | 2 | | |
| 1 | 0 | . | 6 | 0 | 0 | 6 | . | 6 | 0 | 1 | 2 | | | |