

Consumer and Business Services
 Post: GPO Box 965, ADELAIDE SA 5001
 Telephone: 131 882
 Email: bondfollowup@sa.gov.au
 Fax: 08 8204 9570



Individual EFT Payment Request Form

Bond Number

Name			
Forwarding			
Address		Postcode	
Email			
Phone		Mobile	

IMPORTANT

- Please provide a copy of ID showing name & signature.

BSB NUMBER

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BANK ACCOUNT

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NAME OF ACCOUNT
 HOLDER _____

NAME OF FINANCIAL
 INSTITUTION _____

I hereby:

1. Authorise the Tenancies Branch to use the above listed number to transfer this bond refund into the above account.
2. Guarantee that the information provided above is correct, and agree to indemnify the Tenancies Branch against any loss or damage suffered if the details provided are incorrect.

Signed _____

Date: _____

NB. THE NAME AND SIGNATURES ABOVE MUST MATCH THOSE STATED ON THE ORIGINAL LODGEMENT FORM. THE BANK ACCOUNT DETAILS MUST MATCH THE PARTIES OF THE BOND. WE CANNOT PAY MONIES INTO A THIRD PARTY ACCOUNT.

Section to be completed ONLY if 1 tenant is claiming the full tenant/ resident portion of the bond refund in a multiple tenant occupancy.

I authorise Consumer and Business Services to make this payment in my name only.
 I understand that if there is a dispute to this payment, it may lead to a civil claim and is not the responsibility of Consumer and Business Services.

Name: Signature