

Individual EFT payment request

Residential Bonds
 Customer Service Centre
 4 to 6 Chesser Street
 ADELAIDE SA 5000

GPO Box 965
 ADELAIDE SA 5001

Tel: 131 882

bondfollowup@sa.gov.au

Bond number	
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Name			
Forwarding address			
		Postcode	
Phone		Mobile	
Email			

Important:

- These bank account details are valid for this bond refund form only. A new form will need to be attached to each refund required by electronic funds transfer.
- The name and signature on this form must match those supplied on the original lodgement form. We cannot pay money into a third-party account.
- Provide a copy of identification showing your name and signature with this form – e.g. drivers’ licence or passport.

BSB number

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Bank account

Name of account holder

Bank name

I hereby:

1. Authorise Consumer and Business Services (CBS) to transfer this bond refund into the account number listed above.
2. Guarantee that the information provided above is correct and agree to indemnify CBS against any loss or damage suffered if the details provided are incorrect.

Signed:

Date:

