

Individual EFT payment request

Bond number

Name			
Forwarding address			
Phone		Mobile	

Tenancies

Customer Service Centre
91 Grenfell Street
ADELAIDE SA 5000

GPO Box 965
ADELAIDE SA 5001

Tel: 131 882
Fax: 8204 9570
Email: bonds@agd.sa.gov.au
www.sa.gov.au

IMPORTANT

- These bank account details are valid for this refund form only. A new form will need to be attached to each refund required by electronic funds transfer.
- The name and signature of the payee must match the details supplied on the original lodgement form.

BSB NUMBER

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BANK ACCOUNT

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NAME OF ACCOUNT
HOLDER

BANK NAME

BANK ADDRESS

Postcode

I hereby:

1. Authorise Consumer and Business Services 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 Consumer and Business Services 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.