

107 Great South Road, Papakura 2110 PO Box 72243, Papakura 2244 Ph: 09 295 0515 Fax: 09 296 2632 nz-customerservice-water@veolia.com Tax Invoice GST Reg No: 67 868 439

## **REFUND REQUEST APPLICATION**

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM

<b>Date of Application</b>	Veolia Account Number															
CUSTOMER DETAILS																
First Name						Surname										
Company Name																
Customer Photo ID	Drivers Li	cence		Pass	oort	t Othe										
Contact Numbers	Landline					Mobile										
Property Address (where meter is located)																
REFUND DETAILS																
Reason For Refund (TICK AS REQUIRED)	Ovei	ent on it			uplicated Payment			Acct in Credit after Special Reading								
	Other:															
Refund Amount	\$															
BANK ACCOUNT DETAILS																
Bank Account No		-			T -						-					
	BANK	BANK BRAN					ACC	TNUO	JNT NUMBER				SUFFIX			
Bank Account Name (ie J Smith & S Brown)																
Please supply a proof of the above account details showing the account number and account name, this can be in the form of a deposit slip, the top part of a bank statement, a screen shot from online banking or a copy of your bank account number validated by your bank. Your refund WILL NOT be processed without this.  PLEASE NOTE: Veolia accepts no responsibility for incorrect bank details provided by the customer.																
Property Owner gives consent for Tenant to receive the refund:																
Consent from Owner attached? YES						NO			N/A							
Customer's Signature																
VEOLIA OFFICE USE ONLY																
Refund Processed by: Name:						Signature:										
Management Approval																
Authorised By: Processed					d in Finance By:				ocess Co	mplete	ed By	:				
Copy of Customer's Photo ID received						Copy of Customers Bank Details received										
Copy of account with credit balance					s	Scanned Docs to Account										
Sansys updated to reflect refund																



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