

Individual EFT payment request

Tenancies
 Customer Service Centre
 91 Grenfell Street
 ADELAIDE SA 5000

GPO Box 965
 ADELAIDE SA 5001

Tel: 131 882
 Fax: 8204 9570
sa.gov.au

Bond number	
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Name			
Forwarding address			
		Postcode	
Phone		Mobile	

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 of the payee must match those supplied on the original lodgement form. We cannot pay money into a third party account.
- Lodge a copy of signed identification with this form – eg drivers licence or passport.

BSB number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank account

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of account holder

Bank name

Bank address

Postcode

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:
