



**CREDIT REFUND REQUEST
CUSTOMER AUTHORITY FORM**

Private Bag 752, Memorial Ave, KAIKOHE 0440, NEW ZEALAND
 Freephone: 0800 920 029, Ph: (09) 401 5200, Rates Fax: (09) 401 5667
 Email: ask.us@fndc.govt.nz Website: www.fndc.govt.nz

Account Number	Rates:	Water:	Debtor:
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Refund Payable to			
Owners Name			
Postal Address			
Phone		Mobile	
Email			

(Please supply a deposit slip or statement from your bank to verify account number)

Reason for Request	

Refund Amount Requested	\$
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<input checked="" type="checkbox"/>	PLEASE READ CAREFULLY AND TICK THE BOX:
<input type="checkbox"/>	I understand that this refund request may take up to 10 working days to process
<input type="checkbox"/>	I have provided bank verification from my bank of my bank account details
<input type="checkbox"/>	I understand that frequent (more than one per year) refund requests may be declined if I am overpaying my account
<input type="checkbox"/>	I understand that if I owe money on other accounts my refund may be declined
<input type="checkbox"/>	I understand that I may need to lower my direct debit/automatic payment to avoid high credit balances on my account/s

Name		Date	/ /
Authorised Signature			