RURAL CITY LIVING

GORE DISTRICT COUNCIL

Refund Request

29 Bowler Avenue, Gore 9710
PO Box 8, Gore 9740
Phone 03 209 0330
Email info@goredc.govt.nz
www.goredc.govt.nz

Refund

☐ Rates ☐ Dog Registration ☐ Debtors ☐ Water ☐ Other: _____

Assessment No. _____ Animal No. _____

Customer No. _____ Other/GL Code: _____

Reason for Refund: _____

Refund Amount: **$** _____

Method of Refund: ◯ Cheque ◯ Bank Transfer **(Note: GDC only make payments on the 20th of each month)**

Account Name: _____

Account Details:

Bank	Branch	Account Number	Suffix

Name (in full): _____

Postal Address: _____

_____

Phone (home/mobile): _____ Email: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Completed by: _____

Date Received: _____ Signature: _____

Refund Authorised: ◯ Yes ◯ No

Refund approved Signature: _____ Position: _____ Date: _____

Payment approved Signature: _____ Position: _____ Date: _____

Creditor Refund ☐

Creditor (AP) Number: _____

Bank Account Number given/ Already has a creditor account setup

Non Creditor Refund ☐

** No bank Account Number given (Cheque only)*

GDC Transfer *select one of the below*

☐ AP 587.01 *(electronic)*

☐ AP 14.01 *(cheque)*

To account: _____

Internal transfer only