



# VERGE BOND REFUND REQUEST

PO Box 467, Morley WA 6943  
Ph: (08) 9272 0908 Fax: (08) 9272 0665 e-mail:  
mail@bayswater.wa.gov.au

Attention: Verge Bond / Crossover Officer

Date: \_\_\_\_\_

Please note that all works (including the installation of the internal driveway and crossover where applicable) have now been completed and I / we hereby request the return of the verge bond.

I advise that the works relating the verge bond held by Council are still in progress and the expected completion date is \_\_\_\_\_.

The **address of the property to be inspected** is:

\_\_\_\_\_

## **PAYMENT DETAILS**

Bond paid by: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact number: \_\_\_\_\_ h/w \_\_\_\_\_ mob \_\_\_\_\_

Verge bond number (if known) : VER \_\_\_\_\_

Date paid and receipt number (if known) : \_\_\_\_\_

## **BANK DETAILS**

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB (6 digits) : \_\_\_\_\_ - \_\_\_\_\_

Account number: \_\_\_\_\_

## **CONDITIONS OF CONSENT**

I understand that the bond refund will be paid by Electronic Funds Transfer (EFT - payment made directly to the depositor's bank account) to the person or Company who paid the deposit to Council.

The authorised representative whose name and signature appears below warrants that the financial institution account details so provided are not false and comply with all applicable laws.

The authorised representative is responsible for the accuracy of the particulars above.

The authorised representative is responsible for advising the City of Bayswater (COB) in writing of any changes in the particulars above. Upon receipt of such notification, COB will amend its records accordingly.

COB will accept the authority of the Authorised Representative as conclusive evidence of that person's authority to sign this consent. COB is under no obligation to verify that authority or any of the details provided above but may do so if it chooses.

COB will use all reasonable measures to maintain the confidentiality of the information provided. The authorised representative acknowledges that details will be available to COB staff or other individuals carrying out their normal duties in processing invoices/accounts for payment on behalf of COB.

While the preferred method of payment is EFT, the authorised representative acknowledges that payment may still be made by other if circumstances require.

By signing this form, the authorised representative acknowledges his or her responsibilities under the conditions of this consent form.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_