

## Transfer of Funds Request

Postal Address: Glen Innes Severn Council PO Box 61 GLEN INNES NSW 2370

GLEN INNES NSW 2370 **Phone**: (02) 6730 2300

Email: <a href="mailto:council@gisc.nsw.gov.au">council@gisc.nsw.gov.au</a>
Website: <a href="mailto:www.gisc.nsw.gov.au">www.gisc.nsw.gov.au</a>

Use this form to request the transfer of funds between rates, water or debtors accounts.

- Print clearly using BLOCK LETTERS in the space provided and tick the appropriate boxes
- If all sections are not completed, your application cannot be processed

## How to lodge this request:

In person: Glen Innes Severn Council Administration Office, Town Hall, 265 Grey Street, Glen Innes NSW 2370

Mail to: PO Box 61, Glen Innes NSW 2370

Email to: council@gisc.nsw.gov.au

| Fields marked with an asterisk (*) are mandatory.   |                       |                       |                       |                                 |  |
|---|-----------------------|-----------------------|-----------------------|---------------------------------|--|
| 1. Applicant Details  |                       |                       |                       |                                 |  |
| * Full Name(s):   |                       |                       |                       |                                 |  |
| * Address:  |                       |                       |                       |                                 |  |
| * Postal Address:   |                       |                       |                       |                                 |  |
| * Assessment No/Debtor Code:  |                       |                       |                       |                                 |  |
| * Email:  |                       |                       |                       |                                 |  |
| * Telephone:  |                       |                       |                       |                                 |  |
| 2. Transfer Information   |                       |                       |                       |                                 |  |
| * Transfer Amount:  |                       |                       |                       |                                 |  |
| * Request for the above amount to be tran   | sferred <b>from</b> : | Rates Account         | Water Accour          | t Debtors Account               |  |
| * From the specified abovementioned account <b>to:</b>  |                       |                       |                       |                                 |  |
| Assessment No/Debtors Code  |                       |                       |                       |                                 |  |
| 3. Applicant's Consent  |                       |                       |                       |                                 |  |
| I confirm that I am the original payer of the feamount as instructed above.                     | es/charges and h      | ereby give my consent | for Glen Innes Severr | n Council to transfer requested |  |
|   |                       |                       |                       |                                 |  |
| Applicant's signature   | Applicant's sig       | nature                | Date                  |                                 |  |
| <b>Please note:</b> Requests must be signed by all owners for rates, water or debtors transfers |                       |                       |                       |                                 |  |

## Privacy statement

Glen Innes Severn Council is committed to protecting your privacy. The personal information you provide in this form is for the purposes directly related to the functions of Council, specifically relating to this form. The information you provide will not be used or disclosed for other purposes unless you provide further consent or as authorised by law. This information is collected under *the Privacy and Personal Information Protection Act 1998* (the Act) and if you require further information, please see our Privacy Management Plan at <a href="https://www.gisc.nsw.gov.au">www.gisc.nsw.gov.au</a> or contact Council on (02) 6730 2300.

| Form No: | Version No: 1.1 | Review Date: | Related Documents: | Resp Officer: |
|----------|-----------------|--------------|--------------------|---------------|
|          | Date: July 2024 | July 2027    |                    | RO            |