District Council of ELLISTON

PO BOX 46 ELLISTON SA 5670
PHONE: **(08) 8687 9177**
EMAIL: **DCE@ELLISTON.SA.GOV.AU**

AUTHORITY TO REFUND CREDIT AMOUNT

FROM

Rates / Debtors (please circle one)

Assessment or
Debtor #: _____

Name: _____

Amount: _____

TO

Name: _____

Account Name: _____

BSB: _____

Account No: _____

Signed: _____

Date:

Signed: _____

Date: