



**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

<b>Account Number</b>	Rates:	Water:	Debtor:
-----------------------	--------	--------	---------

<b>Refund Payable to</b>			
<b>Owners Name</b>			
<b>Postal Address</b>			
<b>Phone</b>		<b>Mobile</b>	
<b>Email</b>			

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

<b>Reason for Request</b>	

<b>Refund Amount Requested</b>	\$
--------------------------------	----

<input checked="" type="checkbox"/>	<b>PLEASE READ CAREFULLY AND TICK THE BOX:</b>
<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

<b>Name</b>		<b>Date</b>	/ /
<b>Authorised Signature</b>			