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WINNER OF THE A R BLUETT MEMORIAL AWARD WINNER OF THE NSW TRAINING INITIATIVE AWARD

## **CREDIT BALANCE TRANSFER**

ACCOUNT DETAILS	
Owners Name	
Postal Address	
Residential Address	
Contact Phone Number	
	, hereby authorize, as the debtor, Gwydir Shire Council to f \$ from my □ Rates □ Water □ Sundry, to account □ Rates □ Water □ Sundry Debtor Account
CREDIT BALANCE DETA	ILS
Assessment	
Account	☐ Rates ☐ Water ☐ Sundry ☐ Debtor ☐ Other
Credit Amount	
Transfer Amount	
To Assessment	
To Account	☐ Rates ☐ Water ☐ Sundry ☐ Debtor ☐ Other
Signature of Applicant	Date
Council Officer Approval	Date
Comments	