

RATES REALLOCATION OF PAYMENT/S REQUEST					
Owner/Ratepayer's Details					
Surname or Company Name					
Other Names					
Residential Address					
Postal Address As above					
Mobile No	10bile No Home/Work No				
Email Address					
Requesting Applicant (please indicate by ticking	g the appropriate box below)				
Tick	Applicant's Name	Applicant's Contact Details			
Ratepayer/Owner					
Ratepayer/Tenement Holder					
Third Party					
Managing Agent					

PROPERTY DETAILS			
Transfer funds FROM			
Assessment No	A Rates Account Credit Balance \$		
Property Address			
How did you or how do	you make your rates payn	nent/s? (please indicate	by ticking the appropriate box below)
Direct Debit	No proof of payment required		
Other (BPAY, Australia Post, Credit Card, Centrepay, Cheque or EFT)	We will require proof of payme of your bank statement showin	•	n of funds from one property to another. A copy ation receipt is required.
Transfer funds TO			
Your reason for request	ing a transfer of funds?		
What amount are you re	equesting to be transferre	d \$	
What is the property/ie	s assessments you want th	e A	Α
funds transferred to?		Α	Α
		Α	Α

Applicant's Declaration (please indicate applicant type by ticking the appropriate box below)				
Owner	I declare that I am the owner and ratepayer of the above mentioned property and I have read, understood and agree to be bound by the Terms and Conditions of the Direct Debit Service Agreement and Rates Reallocation of Payment/s Request			
Agent/ Third Party	I declare that I am an authorised person and have FULL authority to act on behalf of the owner of the property. I have read, understood and agree to be bound by the Terms and Conditions of the Rates Reallocation of Payment/s Request.			
Applicant's Signature	Date			

REALLOCATION OF PAYMENT/S REQUEST

Funds Transfer Information

All requests relating to a reallocation of payments must be submitted by completing a Reallocation of Payments Request form, either by an owner and/or ratepayer, a ratepayer's agent or a third party who has FULL authority to act on behalf of a ratepayer and send or email to:

City of Kalgoorlie-Boulder

PO Box 2042 BOULDER WA 6432 Phone (08) 9021 9600 Fax (08) 9021 6113 Email mailbag@ckb.wa.gov.au

General Terms and Conditions

- The City will accept a reallocation of payments request when the following conditions occur.
 - i. you wish to offset a credit a balance from one property to pay off the rates accounts from other property/ies that you own; OR
 - ii. you have made an error when quoting the BPAY reference number or assessment number and the payment has gone to another property you own; OR
 - iii. you have made an error when quoting the BPAY reference number or assessment number and the payment has gone to a property that you don't own.
- Reallocation of Payments Requests will only be accepted by the completion of a Reallocation of Payment/s Request Form and from the following authorised parties:
 - i. a property's registered owner/ratepayer (holding certificate of title) OR
 - ii. a property's ratepayer (who holds a state lease with or a lease with the City of Kalgoorlie-Boulder) OR
 - iii. a third party who has FULL written authority to act on behalf of the owner and/or ratepayer OR
 - iv. a third party agent (i.e. Property Managing Agent, Settlement Agent or Tenement Managing Agent) who has FULL authority from the owner/ratepayer to act on their behalf:
- On request, you must provide verification of the related payment/s such as a copy or original receipt/s or bank statement/s showing the rates payment/s;
- Once you have submitted your request application, we will review and process it within 5-10 working days. This is dependent on the City's Creditors Department scheduled payment run.
- The City reserves the right to change the Terms and Conditions of the Rates Reallocation of Payment/s Request at any time.

Privacy

 All customer and financial institution information held by the City will be kept confidential except where disclosure is necessary to process payments, investigate and resolve disputes or is otherwise required by law.

OFFICE USE ONLY

Rates Information PROPERTY DETAILS – TRANSFER FROM					
Property Ad	dress				
REASON/S I	FOR TRANS	SFER			
	Credit bo	alance - to offset property/ies w	rith a debit balance		
Same Owner/Ratepayer - error with BPAY reference number/assessment number and paid to wrong property					
		t Owner/Ratepayer – error with ferent owner.	BPAY reference number/assessme	nt number & paid to a property that	
	Payment	t paid to incorrect assessment by	y third party		
	Other				
Ownership I	Ownership Details Checked & Confirmed Proof of payment documentation sighted			entation sighted	
		1	•	•	
DDODEDTV	DETAILS _	TDANSEED TO			

PROPERTY DETAILS – TRANSFER TO						
Assessment No./s	A	\$	A	\$	Α	\$
Assessment No/s	A	\$	A	\$	A	\$

CASH RECEIPTING		
Receipt No	Date	

Processing Officer's Details				
Officer's Name		Officer's Position	Rates Officer	
Officer's Signature		Date		