

**Administration Building:** 180 Mort Street Lithgow  
**Postal Address:** PO Box 19 Lithgow NSW 2790  
PO Box 19 Lithgow NSW 2790  
**Phone:** (02) 6354 9999  
**Fax:** (02) 6351 4259  
**Email:** [council@lithgow.nsw.gov.au](mailto:council@lithgow.nsw.gov.au)  
**Web:** [www.lithgow.nsw.gov.au](http://www.lithgow.nsw.gov.au)  
**ABN:** 59 986 092 492



## Request for Transfer of Funds Rates & Water Accounts

Owner/Company Details	Name	_____
	Postal Address	_____ _____
	Email Address	_____
	Phone(s)	_____

Amount to be transferred	Amount (\$)	_____
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From Property: (Account in Credit)	Property Number	_____	Rates:	<input type="checkbox"/>	Water:	<input type="checkbox"/>
	Property Address	_____				

To Property: (Account to be Credited)	Property Number	_____	Rates:	<input type="checkbox"/>	Water:	<input type="checkbox"/>
	Property Address	_____				

Please indicate why funds need to be transferred	<input type="checkbox"/>	Payment to incorrect property or account
	<input type="checkbox"/>	Credit to be transferred to different property or account due to overpayment
	<input type="checkbox"/>	Incorrect payment at settlement
	<input type="checkbox"/>	Other (please specify) _____

Proof of Payment	Proof of payment is an audit requirement and must be submitted with this form unless a direct debit is in place. Proof may include a bank statement, BPAY transaction or receipt. Transfers may not be processed unless proof of payment is supplied
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Signature & Date	Signature	_____
	Date	_____

# Privacy & personal information declaration

This form is for the assessment of eligibility for the transferring of funds due to overpayment of Rates and Water. The intended recipients of this form are relevant Council staff of Lithgow City Council. The supply of this information is voluntary, however a completed application is required in order to process the requested transfer.

## Terms and Conditions

### PROOF OF PAYMENT

Council requires evidence of payment if there has been a payment error. Evidence could include a receipt, a BPAY confirmation, a remittance advice or a bank statement. This is an auditing requirement to ensure funds are being transferred and allocated correctly within Council.

### ENSURE THERE IS AN AVAILABLE CREDIT

Council cannot transfer funds unless there are sufficient funds available on the Rates/Water account or in the event that there has been an incorrect payment allocation on Council's behalf.

### SETTLEMENT OVERPAYMENT

It is the responsibility of the owner and the third party in the event of settlement or managing agent overpayment, to ensure that there is not a double payment on an account. It is at Council's discretion to transfer monies due to payee errors.

### INTEREST CHARGES

Council is unable to reverse or waive accrued interest charges if the payment allocation is a result of payee error.

### CORRECT INFORMATION

It is the applicant's responsibility to ensure all information provided on this form is correct.

### LODGEMENT

Minimum processing period for refunds is 7 -10 working days from submission as payment runs are processed on a weekly basis. You may lodge your application over the counter or by:

#### MAIL

**PO BOX 19, LITHGOW NSW 2790**

#### EMAIL

[council@lithgow.nsw.gov.au](mailto:council@lithgow.nsw.gov.au)