

# Request a refund

If your account is in credit, you can apply for a refund

Please complete and return this form to  
Post: Watercare, Private Bag 94010, Auckland 2241  
Email: [info@water.co.nz](mailto:info@water.co.nz)  
Phone: (09) 442 2222 Website: [www.watercare.co.nz](http://www.watercare.co.nz)

## Important information

Refunds will be paid back into the same bank account that the money was received from, unless you choose a different payment method. If you would like the refund paid into a different bank account, a bank deposit slip is required. Your first refund of the calendar year is free, but there may be a \$25 fee for further refunds. You can email this form to [info@water.co.nz](mailto:info@water.co.nz) with the subject line 'refund request' or post it to the address above.

Please complete all sections of this form

## Your details

First name	<input type="text"/>	Last name	<input type="text"/>
Company name (if applicable)	<input type="text"/>		
Phone ( )	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

## Property details

Owner's name (if different from above)			
First name	<input type="text"/>	Last name	<input type="text"/>
Property address	<input type="text"/>		
Watercare account number	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Refund

Refund amount: \$  All refunds will be paid back into the same bank account that the money was received from, **unless you tick one of the options below.**

Refund to a different bank account number.  
If you choose this option, you must attach a bank deposit slip. Scan and email or post it with this completed form.

OR

Charge back to my credit card. This option is only available if the original payment was by credit card.

## Authorisation

I declare that the information on this form is true and correct. I am the legal property owner/I am authorised to request a refund on behalf of the legal property owner. I understand that the refund I receive may be less than the amount I requested if there is an administration charge.

Signature

(or insert digital signature)

Date

DD / MM / YYYY

## Privacy

We may use this information to process your application, update our records or help improve our services. We will not disclose it unless required by law. You have the right to access your information, and you can ask us to correct any errors.