MACROSSAN & AMIET
SOLICITORS

Local people. Local expertise. Industry leaders.

REFUND REQUEST

Date of Payment:- _____

Amount Paid:- $ _____

Payment Type:- _____

Reference Used:- _____

Paid By:- _____

Reason for Request:- ☐ Duplicate Transaction ☐ Over Payment
☐ Other _____

I, _____ **HEREBY AUTHORISE DIRECT & REQUEST** you to pay the refund requested above to the following bank account:-

Bank Name:- _____

BSB:- _____

Account No.:- _____

Account Name:- _____

My Contact Details are:-

Phone:- _____

Email:- _____

Signature:- _____

Dated:- _____

Please return completed Refund Request form together with evidence (ie. bank or credit card statement) by way of email to: accounts@macamiet.com.au or in person at any of our 3 offices locations.

Office Use:
Date Received: _____ Approved by: _____

Mackay Office
55 Gordon Street, Mackay Qld 4740
PO Box 76, Mackay Qld 4740
Ph 07 4944 2000 ♦ Fax 07 4957 3346

Proserpine Office
15 Chapman Street, Proserpine Qld 4800
Ph 07 4964 6900 ♦ Fax 07 4957 3346

Whitsunday Office
Suite 4, Whitsunday Business Centre
230 Shute Harbour Road, Cannonvale Qld 4802
PO Box 1046, Cannonvale Qld 4802
Ph 07 4948 4500 ♦ Fax 07 495 73346