



**CAMPBELLTOWN  
CITY COUNCIL**

**Education and Care Services**

**Electronic Refund**

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Child's name				Service name			
Customer's name							
Customer's address				Suburb			
Customer's email address for remittance advice							
Account name (eg John & Jodie Smith)							
Bank name			BSB number			Account number	
Signature				Date			
<b>OFFICE USE ONLY</b>							
Last day of care _____		Attended last day of care <input type="checkbox"/> Yes <input type="checkbox"/> No			Last attendance processed <input type="checkbox"/>		
Account cleared <input type="checkbox"/>		Not ceasing – refund only <input type="checkbox"/>			Did not start care <input type="checkbox"/>		
Job number to be refunded from				Amount (GST free)			
Refund approved by			Signature			Date	
Supervisor's name			Signature			Date	

**DATA AND DOCUMENT CONTROL**

Revised Date: 15/07/2021  
Review Date: 30/09/2023