



General Manager
Hilltops Council
Locked Bag 5
YOUNG NSW 2594

Phone: 63801 200
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Email: mail@hilltops.nsw.gov.au

ARRANGEMENT TRANSFER OF CREDIT

Date: _____

Dear Sir

RE: TRANSFER OF: RATES / WATER

ASSESSMENT NO: _____

PROPERTY ADDRESS: _____

I, _____, being the owner(s)
of the above property authorise Hilltops Council to transfer the amount of
\$_____ being a misdirected payment and/or transfer of funds that are in
credit.

from _____

to _____

Thank you

(Signature)

(Signature)

(Contact no.)

(Contact no.)