

For help completing this form email finance@actleave.act.gov.au

Privacy – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form, you must read the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

Registration typeEmployer ☐Contractor ☐Working Director ☐**Payee details**

Registration name

Registration number

Amount to be refunded

**Direct credit
payment details****IMPORTANT**

- By providing the details below, you are confirming that the refund is being returned to the registered entity's **business bank account**.
- Check your BSB and account number with your bank, credit union or building society. The number on your plastic access card is **not** your account number or BSB number.
- ACT Leave **will not accept liability** for funds deposited into the wrong account due to an error in the BSB or bank account number provided.

Name of bank, credit
union or building societyBranch (where account
was opened)

Branch number (BSB)

Account number

Account held in the
name(s) of**Declaration****I declare that:**

- the information provided on this form is true and correct in every detail.
- I will notify ACT Leave in writing and provide full details if there is a change.

I acknowledge that:

- ACT Leave may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.
- giving false or misleading information is a serious offence under section 338 of the *Criminal Code 2002*.
- I have read and agree to the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

You can sign this form
electronically or print and
sign by hand.

**Payee's
signature**

Full name

Position

Date

Return this form and all supporting documents:

- by email to: finance@actleave.act.gov.au, or
- by post to: ACT Leave PO Box 264 Jamison Centre ACT 2614