RENTS REFUND REQUEST FORM

Please ensure all parts of this form are completed.

Incomplete forms will be returned.

1. Your rent account details

Tenant(s) Name	
Account No	
Address	
Phone Number	
Email Address	

2. Checklist

☐ I have enclosed bank statement header with this form.

☐ I confirm my Bank Standing Order or Household Budget deduction is **not** higher than my weekly rent charge.

☐ I understand that two weeks rent will be left on the account to ensure that the account will always be in credit

☐ I understand it takes a minimum of 6 weeks for a refund to be processed.

☐ I understand it is the policy of Kildare County Council not to refund amounts of less than €200.

3. Bank Details & Consent

Name of Account Holder:

Last 4 digits of IBAN:

- I/We hereby request a refund of rent from my/our rent Account.
- I/We give my/our consent to have the refund lodged to the above bank account.

Main Tenant Signature _____

Joint Tenant Signature _____

Return completed forms to: RENTS SECTION, FINANCE DEPARTMENT,

KILDARE COUNTY COUNCIL, ÁRAS CHILL DARA, NAAS, CO. KILDARE