



I / We * wish to claim a refund of the accrued funds presently held on the following account, LESS any other liability by Me / Us (*delete as appropriate)

Name(s) of Tenant(s)		Pay Ref. No	
Address Refund Relates		Post Code	
Contact Address		Post Code	
Telephone Number	 Email		

Notes

The information contained on this form will only be used in conjunction with the refund process and to ensure your contact details are correct. For information visit: <u>https://www.wolverhamptonhomes.org.uk/privacy</u>

Please ensure that all signatures are present, and all details are correct before returning the completed form. Wolverhampton Homes take no responsibility for incorrect details or misplaced / undelivered forms.

For third party claimants, Next of Kin, Solicitor, Executive. Please provide: power of attorney, death Certificate, Grant of Probate etc.

If there is any liability, it is procedure to deduct **four weeks/a month** payable from the total amount of credit held. This is to prevent your account going into arrears. Any other housing debts owed to the City of Wolverhampton Council (CWC), its managing agents, or other partner agency's will be deducted from the amount of credit due.

Following checks for other debts the refund form will be authorised and passed to CWC Banking and Finance Support for processing, their service standard is to make payment by BACS within 28 days of receipt of the request.

For further information visit: www.wolverhamptonhomes.org.uk/rent-refund

Choose where you want your refund to be paid to: bank **or** building society account but not both **Bank Details**

Account No:		Sort Code:		
Building Society Details				
Account No:		Roll Number:		
Account Holders Name(s):				

I / We* the undersigned undertake to indemnify the council against any further claims in respect of this refund

Signature of Claimant/s – electronic or typed signatures will NOT be accepted

1)	2)
Date:	Date:

RETURN BY POST TO WOLVERHAMPTON HOMES, 29 MARKET STREET, WOLVERHAMPTON, WV1 3AG