



HELENSVILLE
AGRICULTURAL & PASTORAL ASSOCIATION
Established 1900

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REFUND / PAYMENT REQUEST:

Please complete the form below and return:

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

E-MAIL: _____

PAYMENT DETAILS: _____

(Key number, Invoice number, Competition detail, Reason for payment)

BANK ACCOUNT NUMBER: _____

ACCOUNT HOLDER NAME: _____

SIGNED: _____ DATE: _____

OFFICE USE ONLY:			
Approved:		Date paid:	
Remittance sent:		Amount paid:	

association - refund/payment.doc