ACCESS CARD RETURN FORM

Cardholder Name: _____

Phone Number: _____

Account Name: _____

BSB: _____-_____ Bank Name: _____

Account Number: _____

_____ _____/_____/_____

SIGNATURE DATE

OFFICE USE ONLY:

Card Returned ☐ Receipt Attached ☐

Gym Card Number: _____

GL Deposit Amount: _____

General Ledger: 35008.ADM

EFT Transfer Complete: Initial Date

RETURN COMPLETED FORMS TO:

Customer Service
P: (03) 6471 4700
E: reception@westcoast.tas.gov.au
PO BOX 63 Queenstown TAS 7467
11 Sticht Street Queenstown TAS 7467