



EFT Reimbursement Form

PLEASE RETURN TO – ADMIN@PROACTIVESTRATA.COM.AU OR
PO BOX 7032, SHENTON PARK WA 6008

Strata Plan Unit Lot

Address

Owner
Agent

Name

Reason

Name of Bank
Account Name
BSB
Account Number
Email (Remittance)

I/We declare the above information is true and correct and that I/we am/are authorised to request an EFT reimbursement

Signature _____ Date

Office Use Only

Cost Code	<input type="text"/>	Amount	<input type="text"/>
Cost Code	<input type="text"/>	Amount	<input type="text"/>
Cost Code	<input type="text"/>	Amount	<input type="text"/>

Strata Manager Signature _____ Date