**Refund request for credit: Enduring Power of Attorney**

This form is for requesting a refund for credit on a current tenant account if you have Enduring Power of Attorney or if you are acting on behalf of the tenant with their consent.

Please complete and sign this form and return by post to:

**Income Collections & Recovery Compliance Team, Orbit, PO Box 6406, Coventry, CV3 9NB**

**Or via email to:** [**IncomeCRCompliance@orbit.org.uk**](mailto:IncomeCRCompliance@orbit.org.uk)

|  |  |
| --- | --- |
| **Address of former tenancy** |  |
| **Name of former tenant(s)** |  |
| **Former tenant(s) reference** |  |

**I / we confirm that the credit on this account should be refunded and made payable to:**

**By bank transfer (BACS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of bank** |  | | | | | | | | | | | | | | | |
| **Account holder(s) name(s)** |  | | | | | | | | | | | | | | | |
| **Bank account number** |  | |  | |  | |  | |  | |  | |  | |  | |
| **Sort code** |  | |  | |  | |  | |  | |  | |  | |  | |
| **Building society roll number** |  |  | |  | |  | |  |  |  | |  | |  | |  |

**Please tick the appropriate box:**

I / we confirm that the payee is acting on behalf of the Current tenant(s) and their consent is indicated below.

I / we confirm that the payee has Enduring Power of Attorney **and a copy of this is attached.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Print Name** |  |
| **Signed**  **(If applicable)** |  | **Print Name**  **(if applicable)** |  |
| **Date** |  | **Email** |  |