Transfer credit form

By completing this form you consent to the transfer of a confirmed monetary credit you have with the Department of Territory Families, Housing and Communities towards an outstanding debt.

Tenant details					
Full name					
Residential address					
Postal address					
Home phone		Mobile			
Email					
Transfer of credit det	tails				
I give consent for the Department of Territory Families, Housing and Communities to transfer my:					
☐ Bond credit of \$ towards my debt for address:					
☐ Rent credit of	towards my debt	for address:			
Account details:	unt number:				
☐ From account num	mber: to account number:				
Declaration - Read the following sections carefully before signing					
I,			(Full n	ame in BLOCK	LETTERS)
 Have read and verify all the details outlined above are true and correct. Authorise the transfer to pay the amount indicated above towards my debt with the Department. 					
Tenant signature			Date	/	/
Disclaimer					
The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the <i>Information Act 2002</i> (NT). You have a right to access and correct the information held about you.					
If you have any queries or concerns please contact Freedom of Information, Department of Corporate and Digital Development on (08) 8999 1793, email FOl@nt.gov.au or write to GPO Box 2391, Darwin NT 0801.					



Transfer credit form

Office use only - TFHC Action Officer					
Group Number		TMS Client Number			
Received by		Date received	/ /		
TRM reference					
Notes:					