

Notification of Executor's Credit Balance

Please complete all information in this section

| | |
|----------------------------------|---|
| Name of Council Tax Payer | |
| Council Tax Account Reference | |
| Property to which credit relates | |
| Amount of credit | £ |

It should be noted that refunds cannot be made payable in any other name(s) than the liable person(s) for council tax without the liable person(s) signature(s) and authorisation of consent in writing.

In the case of Executors, please provide the details below along with appropriate authenticated legal documentation such as probate, letters of administration etc. detailing you are the legal next of kin entitled to claim monies on the estate. Without this documentation we will be unable to process your refund.

| | |
|---|--|
| Executor's full name and address | |
| Name and address of Solicitor dealing with the estate | |

Please complete this section if you would like this credit to be transferred to another Council Tax Account within the Ribble Valley area

| | |
|--|--|
| Council Tax Account Reference | |
| Name and address of the council tax payer the credit is to be transferred to | |

Please complete this section if you would like this refund to be credited directly to a bank or building society account

| BANK ACCOUNT | | BUILDING SOCIETY ACCOUNT | |
|------------------------|--|--------------------------|--|
| Name of Account Holder | | Name of Account Holder | |
| Sort Code | | Sort Code | |
| Account Number | | Account Number | |
| | | Roll Number | |

Declaration

I confirm that the refund refers to money paid by me or I am the legal next of kin entitled to claim monies and I undertake to repay any money claimed in error.

| | | |
|---------------------------|--|-------|
| Signature(s) | | |
| Print name(s) | | Date: |
| Contact telephone number: | | |
| Email address: | | |