

REQUEST FOR REFUND

I, _____, being request a refund of \$_____ paid for _____.

I request a refund due to

I understand and agree that:

1. a refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by the school, and the school's refund guidelines provided to me.
2. the school receipt for the original payment is attached / not attached. (Please circle)
3. my details will be kept confidential and will not be used for any other purpose.
4. my refund be made:
 to my bank account via electronic funds transfer (EFT) (please complete details below); OR
 to my credit card if used for the original payment (please complete details below).

_____/_____/_____
Signature Date

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

Credit Card Details:

Card Type: Visa MasterCard American Express

Expiry Date: _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$_____

APPROVED Refund Amount Approved: \$_____ NOT APPROVED

_____/_____/_____
Signature of Principal Date