

Refund Request Form

FACT

Student request	
Name:	
Student number:	
Course:	
Reason for request:	
Please note that all refunds of monies will incur a \$22 administration fee.	
Deposit Account: Please note refunds will only be paid to the card that was used to book on to the course.	
Account Name:	
Invoice Number:	
BSB Number:	Acc Number:
I authorise refunded amounts to be deposited into the above nominated account.	
Sign:	Date:

CEO action	
Name:	
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Reason for decision:	
Sign:	Date:

Refunds are only granted if all paperwork has been completed and emailed to the office 3 working days prior to the course. Refunds will only be paid via EFT to the account nominated in the refund form.