**Refund Request Form**

**FACT**

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| **Student request** |
| Name: |  |
| Student number: |  |
| Course: |  |
| Reason for request:Please note that a $22 administration fee will be deducted from the original course fee (per person) |
| **Deposit Account:** Please note refunds will only be paid to the bank account nominate in this form.  |
| Account Name: |
| Invoice Number: |  |
| BSB Number: | Acc Number: |
| **I authorise refunded amounts to be deposited into the above nominated account.** |
| Sign: | Date: |

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| **CEO action** |
| Name: |  |
| Action: |  Approved |  Not approved |
| Reason for decision: |
| Sign: | Date: |

Refunds are only granted if all paperwork has been completed and emailed to the office more than 5 working days prior to the course. Refunds will only be paid via EFT to the account nominated in the refund form.