Australian Technical College
Western Australia

Application for Refund

Application for Refund

Instructions for Student:

- Please use BLOCK LETTERS when completing this form.
- Submit the completed application with the accurate bank details. ATCWA is not responsible for any refund made into the wrong account provided by the applicant.
- Applications will only be approved if they comply with the relevant provisions of ATCWA's Refund Policy.
- Any outstanding amounts due to ATCWA and any applicable costs or charges that may be levied by ATCWA's or the applicant's bank for receipt of monies refunded will be deducted from the refund.
- You agree to repay ATCWA (on demand) any payments credited to you in error.
- ATCWA reserves the right to offset the amount of any overpayment made in error against any liability (including any future debt) owing to ATCWA by you.

Amount Request to be Refunded:	AUD:			
Student ID Number:				
First/Given Name:				
Family /Surname:				
Residential Address:				
	Suburb:		Postcode:	
Contact No:				
Email:				
REASON(S) FOR THE REQUEST (Example: Excess payment of tuition fees, withdrawal from course etc.)				

METHODS OF PAYMENT

Option 1: By Credit Card

Name of the Card Holder:	
Card Type:	☐ **Visa** ☐ **MasterCard**
Credit Card Number:	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Card Expiry Date [MM/YYYY]:	

Option 2: By Electronic Fund Transfer (EFT) – Please select.

☐ I request that the refund be paid into my personal bank account, and the details for this account are listed below: OR

☐ I request that the refund be paid into my parent/legal guardian's bank account, and the details for this bank account are listed below; OR

☐ I request that the refund be processed to another person's bank account, whose details are listed below.*

Account Holder Name:	
Bank Name:	
Bank/Branch Address:	
BSB No:	
Account No.:	
BIC/Swift Code (if relevant):	
If you are requesting a refund to be processed into another person's bank account, please complete the details below:	
Full Name:	
Relationship to you:	
Phone Number: (including area code/s)	
Email:	

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DECLARATION

I confirm that I have read and understood the above refund conditions, and that the information Provided in this application is true and correct to the best of my knowledge.

Signature:	
Date:	

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OFFICE USE ONLY

This refund has been approved in accordance with the ATCWA's *Refund Policy*. The refund has been calculated as follows:

Refund Amount:	

The refund was paid:

- ☐ Into the student's bank account, detailed on this Application for Refund Form; OR
- ☐ Into the student's parent/legal guardian's bank account, detailed on this Application for Refund Form; OR
- ☐ Into the other nominated person's bank account, detailed on this Application for Refund Form.
- ☐ The Student was given a written statement explaining how their refund was calculated.

Staff Name:	
Position:	
Signature:	
Date:	