
Application for Refund

Instructions:

- Please use BLOCK LETTERS when completing this form
- Complete the following application and submit it along with correct and applicable bank details. ATCWA is not responsible for any refund made into a wrong account provided by the applicant.

Conditions of Refund:

- 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.
- The student agrees to repay ATCWA (on demand) any payments credited to the student in error. ATCWA reserves the right to offset the amount of any over payment made in error against any liability (including any future debt) owing to ATCWA by the student.

Application

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

METHOD OF PAYMENT Option 1: Refund Through Credit Card

Refund Through Refund through Credit Card

Name of the Card Holder: _____

Credit Card Number:

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Card Expiry Date
[MM/YYYY]:

_____/____

Visa MasterCard

METHOD OF PAYMENT

Option 1: Refund Through Electronic Funds Transfer (EFT)

Refund through Electronic Funds Transfer (EFT) to Bank Account (Tick ONE option only)

- I request that the refund to be paid into my personal bank account and the details for this account are listed below; OR
- I request that the refund to 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 to be processed into another person's bank account whose details are listed below.*

Name of the Account Holder: _____

Name of the Bank: _____

Address/Branch of the Bank _____

BSB: _____

Account No.:

BIC/Swift Code (if relevant):

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***If requesting that the refund to be processed into another person's bank account, please also complete the details below:**

Full Name: _____

Relationship to you:

Phone Number:

(including area code/s)

Country Code:

()

Area Code:

()

Number:

Email: _____

Application for Refund

DECLARATION

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

Student's
Signature: _____

Date: _____

FOR OFFICE USE ONLY

REFUND AMOUNT:

\$

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

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 provided with a written statement explaining how their refund was calculated.

Approving
Officer's Signature: _____

Date: ____ / ____ / ____

Name: _____