

Request of Refund to an Alternative Payee

Instructions:

- This form is to be used when requesting to refund to someone other than the nominated student or the agent.
- If the form is incomplete, the refund request will not be processed.
- This form must be submitted with the ATCWA's completed Refund Request Form signed by the student.

Details of Student:			
Name		ATCWA ID #	
Reason for Nominating the following payee:			
Student's relationship to the nominated payee:			
Refund Request Form is Attached:	Yes	NO	
Details of Payee:			
Name:			
Phone No:			
Email Address:			
Postal Address:			
Bank Details:	BSB:		
	Account No:		
	Account Name:		

I declare that the information I have provided above is true, and I understand the consequences of providing incorrect information which falls under my responsibility. I also, confirm that if any mistakes made by me, the ATCWA will not be responsible for any losses and disputes that may occur between I and the above nominated payee.

Signature:

Date: