
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.
- Please refer to the following conditions prior to submitting the request.
 - 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.

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.)			

METHODS OF PAYMENT

Option 1: By Credit Card

Name of the Card Holder:	
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Application for Refund

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard																				
Credit Card Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																				
Card Expiry Date [MM/YYYY]:																					

Option 2: By Electronic Fund Transfer (EFT)

- 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 No:	
Account No.:	
BIC/Swift Code (if relevant):	
<i>*If requesting the refund to be processed into another person’s bank account, please also complete the details below:</i>	
Full Name:	
Relationship to you:	
Phone Number: (including area code/s)	
Email:	

DECLARATION

This is to confirm that 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.

Signature:	
Date:	

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:	