

Student Refund Application Form

(Students who want to apply for refund, should fill this form and email to finance@rhodescollege.vic.edu.au)

Personal Details	Student Name:		
	Student ID:		
Home Address			
	Postcode:		
Contact Details	Mobile:	Home Phone:	
	Email:		
Course Details			
Reason for Refund Request: (Please provide short summary of reasons for requesting Refund and attach supporting documentary evidence where required).			
<p>Please select your preferred method of payment (*):</p> <p><input type="radio"/> Bank Details for Refund:</p> <p>Bank Name: _____ Account Name: _____</p> <p>BSB: _____ Account Number: _____</p> <p>Bank Address: _____ SWIFT Code: _____</p> <p>Recipient Address: _____</p> <p><input type="radio"/> Card Details for Refund:</p> <p>Cardholder's Name: _____</p> <p>Card Number: _____</p> <p>Credit Card Type: <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> AMEX</p> <p>Expiry Date: ____ / ____ Card Verification Value (CVV- last 3 digits on the back of the card): ____</p> <p>(*) The refund amount will be processed to the same card(s) which was used to make the payment(s); or to student's bank account or his/her nominated person's bank account if the payment was made by cash or electronic funds transfer.</p>			
Student Signature:		Date:	
Office Use Only			
Date Received:		Received By:	
Refund Amount Approved:		Approved By:	
Date Processed:		Processed By:	
Payment Advice Number:		Payment Processed By:	
Date of Correspondence sent to Student:		Sent By:	