



AQUINAS COLLEGE REFUND FORM

I confirm I am the account holder from which I am requesting the refund. I understand a refund may not be made to me or be made in part, having regard to any outstanding fees due to the College or any associated expenses already incurred by the College.

Processing time is 4 weeks from the date of receipt

ACCOUNT HOLDER NAME:

CUSTOMER ID:

STUDENT NAME:

YEAR LEVEL:

AMOUNT REQUESTING:

THIS REFUND REQUEST IS DUE TO:

.....

.....

The College receipt for original payment:

Attached

Not Attached

REFUND TO BE MADE BY EFT;

Account Name:

BSB:

Account Number:

SIGNATURE OF ACCOUNT HOLDER: **DATE:** / /

OFFICE USE ONLY:

ACCOUNT BALANCE: Statement Attached CUSTOMER NUMBER:

AMOUNT APPROVED:

DATE TRANSFERRED

Account Manager approval Date / /

Principal / Business Manager approval Date / /

Batch Number: Date Refund / /