

Refund Request Form

REMEMBER: Fill before printing. No handwritten application will be accepted.

Please submit your completed form by email to support@charter.edu.au.

SECTION 1: PERSONAL DETAILS

Full Name	Date of birth:
Email:	Telephone
Address:	
Original Payment Method: Bank transfer Credit Card Cash Payment Date:	
Reason for refund:	

SECTION 2: DECLARATION / CONSENT

I declare that the information declared on this form is complete and correct. I agree to the conditions of this refund and declare that I am the person to whom this refund is to be paid.	
Signature:	Date:

SECTION 3: REFUND PAYMENT OPTIONS

Direct Deposit into Bank Account (Funds Transfer)			
BSB Number:		Bank Name:	
Account Number:		Branch Address:	
Account Name:		Swift Code (Overseas):	

Credit Card Refund* -	VISA	MASTERCARD	AMERICAN EXPRESS
Card Number: _____ Please provide the first four and last four digits of your card only	Name on Card:		
	Expiry Date:		

***Payments made by credit card must be refunded back to the original card. ***

^Deposit Refunds: If you are requesting a refund of your deposit due to medical, or misadventure reasons you **MUST** supply supporting documentation in addition to this form or your request will not be considered.

Official use only			
Refund Approval:	YES NO (Please circle)	Refund Amount:	
Name of Officer:		GST Included:	YES NO (Please circle)
Signature:		Date:	