

REFUND REQUEST – ALTERNATIVE PAYEE FORM

To be used when the refund is to be paid to someone other than the student. Please **PRINT CLEARLY** using blue or black pen.



A. STUDENT DETAILS

Student name	Date of Birth:
Student ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Refund form is completed ? Yes <input type="checkbox"/> No <input type="checkbox"/> You must complete a Refund form

B. PAYEE DETAILS INCLUDING CONTACT DETAILS (All fields must be completed. Print clearly)

Name of payee (not student) (Not Agent of Griffin College)		
Payee address		
City	State	Postcode
Country	<i>Bank Account No-(Must match with Refund Form)</i>	
Phone number		
Email address		

C. REASON YOU ARE REQUESTING AN ALTERNATIVE PAYEE

D. STUDENT SIGNATURE

Signed	<input type="text"/>	Date	<input type="text"/>
	(Student signature)		

Witness by Justice of Peace/Notary Public/Commissioner of Declaration or other person as approved by Griffin College
Student Signed before me

Name of Witness

Signature

Date