

# 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>	
Student Phone		
Student Email		

## C. REASON YOU ARE REQUESTING AN ALTERNATIVE PAYEE


## D. STUDENT SIGNATURE

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

Name of Witness

Signature  Date