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REFUND REMITTANCE AUTHORISATION FORM

Note: This form is to student.	to be completed by a student who	requests a refun	d to be remitte	d to a bank	k account that does not belong to the
I, the undersigne	ed, with the following details	S:			
Student No.:			Email Addı	ress:	
Given Name:			Mobile Ph	one No:	
Family Name:			Address:		
Gender:	☐ Male ☐ Female				
Date of Birth:	/ /		USI No.:		
Course Code &	Name:				
	<u> </u>				
authorise my ref	fund to be remitted to the fo	ollowing bank	account that	does no	t belong to me:
Bank Name:					
Bank Address:					
Account Holder Name:					
Account Holder Address:					
BSB No.: (Only for a local Australian Account Holder)					
Account Number:					
Swift Code (overseas banks):					
Amount of Refund Being Requested:		\$			
Bank Account Currency: (e.g. AUD, USD, the					
student's country loo	cal currency)				
Student Declar	ation				
I am aware that once Melbourne City College Australia remits my refund as per the college's refund policy to the above bank					
details, the college's refund obligations are completed. I acknowledge that Melbourne City College Australia will not be liable for any future issues as a result of this authorisation, and I indemnify the College for any loss or damage because of my					
authorisation to remit my refund to the above bank account details.					
Student Signat	ture:			_	
Date:					