



# Student refund application

A refund can only be made to the person who made the original payment. Refunds can only be made back to the original card for POP and EFTPOS.

Name of the person requesting the refund: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Student's first name: \_\_\_\_\_ Student's last name: \_\_\_\_\_

Class: \_\_\_\_\_ Scholastic Year: \_\_\_\_\_

Original payment for: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Receipt number: \_\_\_\_\_

Original payment method:      POP      EFTPOS      Cheque      Cash

Reason for refund: \_\_\_\_\_

Refund method\*:    POP      EFTPOS      EFT

If EFT, Bank: \_\_\_\_\_ Account name: \_\_\_\_\_ BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

**\* These are currently the only refund methods available. Use EFT instead of cheque or cash.**

Parent/carers signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHOOL OFFICE USE ONLY

Request for refund approval by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ Date: \_\_\_\_\_

Approved By Delegated Officer: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ Date: \_\_\_\_\_

Processed in ebs4 Cash Desk by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ Date: \_\_\_\_\_

EBS4 Refund Receipt Number R \_\_\_\_\_ Quickmatch Refund Receipt No. \_\_\_\_\_ (if applicable)