

## Refund Request Form

Complete this form and submit via email to: rtoadmin@atel.com.au or post to: PO Box 603 Wodonga VIC 3689.

Refer to the ATEL Student Handbook for additional details on refunds.

### Student Details

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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

### Refund Details

I am requesting a refund due to:

Over Payment       Cancellation of Enrolment       Withdrawal from Qualification or Course

Other: \_\_\_\_\_

### Bank Details (if applicable)

Please Note: ATEL does not keep bank details on record. Once this payment has been processed, this form will be destroyed for your privacy and protection. Alternatively, you may call ATEL and give these details over the phone: 02 6024 0800.

Account Name: \_\_\_\_\_

Bank Details:      BSB: \_\_\_\_\_      Account Number: \_\_\_\_\_

**Student Statement:** *I declare the information I have provided on this form is true and correct. By signing this form I authorise ATEL to process a refund where required.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RTO Authorised Delegate Approval:** *The above information provided has been approved as a valid declaration for refund. I approve this refund amount and forward this information to Accounts for processing.*

RTO Authorised Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:	
<input type="checkbox"/> Refund Request Approved	<input type="checkbox"/> Payment has been processed
<input type="checkbox"/> Receipt has been processed	<input type="checkbox"/> Copy taken for RTO Records
<input type="checkbox"/> Accounts Signature:	Date: