



Credit Balance Refund

UNIVERSITY COLLEGE

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Please complete the Credit Balance Refund form and return to the College Office with bank account number verification. Refunds are usually processed on the 20th of each month (or nearest working day), so please return at least five working days prior to this monthly deadline.

Resident Name:
First Name(s) *Last Name*

Please refund the credit balance to:

- My** bank account; or
- My **son/daughters** bank account.

Bank Account Details:

Bank		Branch				Account						Suffix							

BANK ACCOUNT NAME:

→ IMPORTANT: Please attach encoded bank slip as proof of bank account name and number. Failure to provide this will prevent us being able to process the refund.

Parent/Guardian/Guarantor Contact Details:

Mr/Mrs/Miss/Ms/Other _____
First Name(s) *Last Name*

Postal/Street Address _____

Suburb _____ City _____ Post Code _____

Home Telephone _____ Business _____ Cell _____

Email _____

→ Signed by the Resident/Student: _____ **Date** _____

→ Signed by the Parent/Guarantor: _____ **Date** _____

IMPORTANT: Failure to have both the Resident/Student & Parent/Guarantor signatures may prevent us from being able to process this refund.