

Refund Request Form

Please send completed Refund Request Form to $\underline{\text{fees}@\text{unsw.edu.au}}\text{ from an email address registered with UNSW.}$

Payment Date:

Order ID (ANZ eGate): Additional Information:

ersonal Details									
Full Name:									
UNSW Student ID: Z		Date of E	Birth:		_/	<i>-</i>		Students under 18 years of age must attach written nt from their parent/guardian approving the refund.	
efund Payment Det Card Payments	ails								
								curity Standards (DSS) and will be refunded to do not need to be provided.	
In the event that a refund to the original card cannot be completed, UNSW will process the refund transaction via direct deposit. If it is anticipated that a refund to the original card will be unsuccessful, please ensure that appropriate bank account details are provided.									
provided. If this information payment has originated from the correct details may previous provided the correct details and the correct details may previous provided the correct details and the correct details and the correct details are correct details are correct details and the correct details are correct details are correct details are correct details and the correct details are correct details are correct details are correct details and the correct details are correct de	· · · · · · · · · · · · · · · · · · ·	legitimate resolvers	reason, deta	tails of a ba unt are req	ank a quired	account in the	the stude	tails for the original paying account should be ent's name must be provided. Where the udent Fee Procedure.	
Credit & Debit Card Payments									
Please tick if the original payment was made using a debit or credit card. The payment will be refunded to the original paying card.									
Australian (Domestic) Bank Account Details									
BSB Number:			Account N	Number:					
Account Holder Name:	Account Holder Name:								
Overseas (International) Bank Account Details - Overseas Bank Account Transfer may take up to 6 weeks									
SWIFT Code:						Bank Name and			
Account Number:			Branch Location including Count			including (Country:		
Account Holder Name:						IBAN / Rou Bank ID (if	_		
Student's Residential Address including Country:	L								
Declaration									
correct and true to the be Security Standards and w		erstand that	t payments	s made by	credi	lit or debit c	card are	t the information provided on this form is subject to the Payment Card Industry Data	
Signature:				Date	<u>:: —</u>				
JNSW STAFF MEMB	ER USE ONLY	T.A.C.+h.dra						D. Correll Americans	
Account Balance:	H-A.		Withdrawal Fee:					Refund Amount: Approved by:	
Original Payment Method(s):		Checked by: Date:					Date:		

Receipt No. (Xetta):

Deal Reference No. (WU):

Invoice No. (Xetta):