

Refund Request Form



PERSONAL DETAILS	
First name:	Surname:
Mobile:	Email:

BANK ACCOUNT DETAILS		OR	CREDIT CARD DETAILS	
Acc Name		Name on Card		
Institution		Type of Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Branch		Credit Card #	_____ - _____ - _____ - _____	
BSB #	____ - ____ - ____	Expiry Date	____ / ____	
Account #	_____	Signature		
Refunds to a bank account may take up to four (4) weeks to process.			Refunds to a credit card will be processed within three (3) business days if approved.	

AMOUNT REQUESTED	REASON FOR REFUND
\$ _____	

ACKNOWLEDGMENT OF TERMS AND CONDITIONS
<input type="checkbox"/> I acknowledge that my request for a refund must be approved by an officer of the City of Cockburn with delegated authority to do so.
<input type="checkbox"/> I acknowledge that I will be contacted if my request is approved.

Customer Signature:	Date:
Staff member:	Date:
Approved by:	Date: