

Bank Nomination Form

Purpose

This document is to be completed when a student or employer is applying for a refund.

Student details

Name			
Address			
Email		Phone	
Student ID, if known		Date of Birth	

Bank details for the refund to be paid to: *

Bank Name		Branch	
BSB		Acct number	
Name on the account			
Amount to be refunded			

**Please note that if a third party has contributed to your fees, the refund will be awarded to the initial payer*

Attention: ACCCO Finance Department
 PO Box 1108
 Fortitude Valley
 QLD 4006

Email: payments@accco.com.au

Your application will be processed within 4 weeks from the receipt of a complete application by the ACCCO Finance Department.

Declaration

I declare that the information I have given on this application is correct, and am happy for any refund amount owed to be paid to the account nominated above. I also authorise ACCCO to gather and obtain any necessary information pertaining to this application.

Signature	Date	
-----------	------	--