



Refund Letter of Authority

(Please fill out this form electronically and print out to sign)

Date: _____

I, _____ [Student's Name], DOB: ____/____/____, Passport

No: _____, am a student enrolled in Reach Community College Pty Ltd (REACH)

RTO: 40747 | CRICOS: 03904B, with student ID: _____/ Enrolment

Application ID: _____.

Due to ☐ visa refusal ☐ withdrawal ☐ release ☐ other _____

(please specify), I would like to ask for a refund of my course fees.

I hereby give full authorisation to the following account to receive the refund on my behalf.

Beneficiary's Account Name: _____

BSB (Australian bank account only): _____

Beneficiary's Account Number: _____

Beneficiary's Bank Name: _____

Beneficiary's Bank Branch Name: _____

Beneficiary's Bank Address: _____

City/Suburb: _____ State/Province: _____ Postcode: _____

Swift Code: _____ IBAN: _____

Beneficiary Account Holder Address: _____

Signature of Student: _____
(Must be handwritten)

Signature of Parent/Guardian: (if under 18 years): _____
(Must be handwritten)

Date: _____