REFUND AUTHORIZATION FORM

TO WHOM SO EVER IT MAY CONCERN

I _____ AUTHORISE GET EDUCATION TO PROCESS THE REFUND PERTAINING TO ME AS PER GET EDUCATION REFUND POLICY AND SIGNED REFUND APPLICATION FORM.

I NOMINATE _____ TO RECEIVE THE REFUND AMOUNT ON MY BEHALF FROM GET EDUCATION.

THE ACCOUNT NAME AND DETAILS HAVE BEEN MENTIONED IN THE REFUND FORM. BANK ACOUNT DETAILS HAVE BEEN RECONFIRMED BELOW FROM GET EDUCATION REFERENCE.

ACCOUNT NAME:
BANK NAME:
ACCOUNT NO:
BSB NO:
SWIFT CODE (IF APPLICABLE):

I FURTHER AGREE THAT GET EDUCATION WILL NOT BE RESPONSIBLE FOR INCORRECT DETAILS SENT BY STUDENT OR FUNDS NOT BEING RECEIVED BY STUDENT OR HIS /HER NOMINATED THIRD PARTY.

REGARDS

STUDENT NAME _____

STUDENT SIGNATURE _____

DATE _____