

Phone: 08 8201 3413

Email: flinders@unicard.com.au Website: http://unicard.flinders.edu.au

## Student Print Credit Refund Request Form

Please submit your completed form to the Unicard copy shop located at Level 1 of Central Library **OR** scan a completed form to flinders@unicard.com.au

Please direct all refund inquiries to: <a href="mailto:flinders@unicard.com.au">flinders@unicard.com.au</a>

## Please Note:

- Remaining credit will be taken off from your student card upon submission of this form.
- Refund process may take up to 4 weeks from submission of this form.

Personal Details			
Family Name:		Given Name(s)	
Date of Birth:		Student FAN:	
			neir parent/guardian approving the
	f written consent is not provided yo	our refund cannot b	e processed.
Contact Number:			
Email Address:			
Address:			
			_
- C - L-		1	
Refund Reason			
Refund Amount		\$	
		•	
Refund Option		Refunds will be processed in Australian dollars	
☐Cheque – Mailin	g Address if Different from abov	re e	
☐ Direct Deposit			
Bank Name:		BSB No:	
Branch		Account	
Address:		No:	
Account Name:		Swift Code:	
		•	
Declaration/Conse			
I agree to the conditi	ions of this refund and declare that	I am the person to	whom this refund is to be paid.
Signature		Date	
Signature			
		Date	

## Refund Terms and conditions:

- 1. Refunds relating to equipment failure will be refunded back to your student account.
- 2. Refund reason other than "Completion of studies" will be reviewed on a case by case basis.
- 3. Refund amount less than \$10 will be reviewed on a case by case basis