

# Centre Form

## Request for Parent Refund



To be completed by Centre Manager, signed by Customer and emailed to: [carolineb@oxanda.edu.au](mailto:carolineb@oxanda.edu.au)  
Please note that parent refunds are only processed once per week so it is important that you send this request through as soon as possible to ensure the refund is able to be paid within a reasonable timeframe.

### SECTION ONE

Centre Name (in full): \_\_\_\_\_

Parent Name (as it appears on Account Statement): \_\_\_\_\_

Child Name(s): \_\_\_\_\_

Total Refund: \$ \_\_\_\_\_

**Reason for cancellation of Care:** (If not completed, refund cannot be processed)

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### SECTION TWO

**Checklist (please tick):**

- Account finalised through CCMS
- Bookings Ended
- ATTACHED- Current Account Statement
- ATTACHED- End of Care Checklist
- Child/ren attended on last day
- Ezi Debit Ended on billing tab (previous payments cleared)

I \_\_\_\_\_ (insert Manager Name), confirm that I have checked the above checklist items. I understand that failure to fully complete these will result in the refund being delayed.

Centre Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION THREE

**To be completed by Parent**

All refunds must be paid by bank deposit, please complete below:

|                           |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name of Bank              | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Account Name              | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| BSB No (Must be 6 digits) | <input type="text"/> | <input type="text"/> | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | Account Number       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Customer Name             | <input type="text"/> |                      |                      |                      |                      |                      |                      | Customer Signature   | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Date                      | <input type="text"/> | <input type="text"/> | /                    | <input type="text"/> | <input type="text"/> | /                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Must be signed by Customer

### Head Office Use Only

Approved for Payment: (By Head of Administration) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved for Payment: (By Finance) Name: \_\_\_\_\_ Signature: \_\_\_\_\_