

Third Party Authorization Form

Student Name			
Student Number			
Course Start Date		Date of Birth	
Course Name			
Student Authorization:			
I _____ hereby give authorization to the City College, to refund all the relevant course fees and charges owing to me to the person/ organization nominated below on my behalf.			
Details of the Person/ Organization receiving the funds as nominated by the City College Student			
Name of Person/ Organization			
Contact Number			
Payment Details			
Account Name			
Account Number			
BSB			
Bank Name			
International Bank Details (Complete if Applicable)			
SWIFT Code			
Branch Name			
Bank Address			
Student Authorization			
Student Signature		Date	
OFFICE USE ONLY			
Authorized By			
Date			
Refund Process (Amount)			