

## **Third Party Authorization Form**

Student Name							
Student Number							
Course Start Date			Date o	f Birth			
Course Name							
Student Authorization	on:						
Ihereby 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 Persor	n/ Organization receiving the fund	ds as nominated by t	he City C	ollege Stud	lent		
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	žinni (ž – )						
Student Authorization	on						
Student Signature			Date				
OFFICE USE ONLY							
Authorized By							
Date							
Refund Process (Amount)							

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