

REFUND / CREDIT REQUEST FORM

Policy Reference: Grips 01 - Fees & Payments

Please note – the person responsible for the member’s account must complete Section 1, 2 & 3 of this form. Please submit your request for approval by email (gripsgymnastics@gmail.com) or at the office.

SECTION 1: MEMBER INFORMATION

| | |
|--|---|
| Last Name: | First Name: |
| Street address: | Suburb: Post Code: |
| Home Phone: | Mobile Phone: |
| Person responsible for the account: | |

SECTION 2: REASON FOR REFUND / CREDIT REQUEST

With reference to Grips 01 Fees & Payment Policy, I would like to request the following refund / credit:

Note: if the refund / credit is requested for medical reasons, please attach a copy of a medical certificate for the relevant period.

Parent / Guardian’s Signature _____ **Date:** ____/____/____

SECTION 3: CREDIT / REFUND PAYMENT OPTION

| | |
|---|---|
| <input type="checkbox"/> CREDIT APPLIED TO MEMBER ACCOUNT Name of Account: _____ | <input type="checkbox"/> DIRECT DEPOSIT IN TO BANK ACCOUNT BSB No: _____ Acc. No: _____ Account Name: _____ |
|---|---|

OFFICE USE ONLY

SECTION 4: AUTHORISATION

| | |
|--|--|
| PROGRAM: MAG / WAG / TUM / GYMSTAR / KINDERGYM / REC / ADULT / OTHER APPROVED: YES NO COACH NAME: _____ SIGNED: _____ DATE: ____/____/____ | TOTAL CREDIT / REFUND AMOUNT (INCL. GST) \$ _____ – Credit / Refund applied Date Processed ____/____/____ COMMENTS / FOLLOW UP ACTION REQUIRED (if applicable): _____ _____ |
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