

Refund Form

PLEASE FILL IN ALL FIELDS BELOW AND RETURN FORM TO THE QCT

Personal Details	
Name/s	
Applicant/Registration Number	
Contact Details	
Postal Address (Including City, State & Postcode)	
Telephone Number	
Email Address	
Bank Account Details – For Direct Deposit	
<i>Please note, direct deposit is only available to Australian financial institution accounts. For other methods to pay a refund please contact the QCT on accounts@qct.edu.au.</i>	
Account Name (e.g. J A Smith)	
BSB Number	_ _ _ - _ _ _
Account Number	
Bank Name and Branch	
Declaration and Agreement	
<i>Completion of this form is for the purposes of affecting a refund of any amounts that are due to the applicant and any personal information contained above will be handled in accordance with the privacy statement as contained on our website (www.qct.edu.au/privacy.html)</i>	
Office Use Only	
Refund Amount	
Refund Reason	
Signature / Date	
Refund Number / Date	

PLEASE RETURN FORM TO:

QUEENSLAND COLLEGE OF TEACHERS, PO BOX 389, TOOWONG, QLD 4066