SBA Refund Request

Southern Basketball Association Inc.
ABN 78 936 718 412
P.O. Box 122
Sandringham VIC 3191
Ph: 03 9583 4481
Fx: 03 9583 4813

Date of Request: _____

Name: _____

Date payment made: _____ Amount paid: $ _____

Reason for refund: _____

_____

_____

Bank Account Details for refund

BSB __ __ __ - __ __ __ Account Number _____

Name on the Account: _____

REFUND CONDITIONS:

I understand that:

- Refunds for term programs are based on the sessions remaining from the date SBA receives this form. Sessions already held are not refunded, whether or not they were attended.
- Refunds for one-off events and clinics are available up to the day before the event. No refund applies once the event has commenced.
- A $10 administration fee is deducted from every refund.

Office Use

Approved by: _____ Date approved: _____

Amount to Refund: $ _____ Date Refunded: _____

Refund Details: _____

Account code: _____