



REFUND REQUEST FORM

Please accept this Refund Request Form as my/our request for a refund of a credit balance with Gordon & Gotch. I/We understand and will be responsible for the repayment of any funds disbursed through errors, additional charges or adjustments that may appear on my/our account after the fund has been processed

Payment will be processed on the 24th of the month or the next business day if the 24th falls on the weekend or public holiday.

Reason for Refund _____
(Note: documentation/proof must be attached e.g. copy remittance advice or G&G letter)

Name _____ Signature _____ Date _____

Special Instructions (if any) _____

CLIENT DETAILS

Name of Company _____

Trading as _____

Authorised Signatory _____ Designation _____

Outlet No. _____ Account No _____

Postal Address _____

Phone _____ Fax No. _____

Date of Closure/Change of Ownership _____

CLIENTS BANKING DETAILS *Please attach a bank deposit slip*

Refund Amount \$ _____

Name of Bank _____

Branch _____

Name of Account _____

Account No. _____

DEPARTMENT AUTHORISATION *Accounts Receivable (A/R)*

Processed by _____ Date _____

FINANCIAL OPERATIONS USE *Accounts Payable (A/P)*

Payment Processed by _____ Date _____