Australian National University

REFUND OF ROOM DEPOSIT

ACCOMMODATION SERVICES

Please circle relevant Hall: Bruce Hall / Burton & Garran Hall / Fenner Hall / Toad Hall / Ursula Hall

Personal Details:

Name:		Student ID:	
Email:		Telephone:	

I request that the Australian National University refund any amounts owing to me, including but not limited to:

- Balance of Room Deposit, after deducting any charges; and
- Account Balance (any other remaining amounts)

in the following manner:

Refund Method:

☐	**As a direct credit to the same bank account that is used for my fortnightly direct debit** *(preferred and fastest method)*
☐	**As a direct credit to a different Australian bank account:** Account in the Name of: _____ Bank Name: _____ Branch Name: _____ BSB Number: |__|__|__|-|__|__|__| Account Number: |__|__|__|__|__|__|__|__|__|
☐	**As an overseas bank draft in my name as shown in ISIS** *(please circle one – USD or GBP or Euro)* An Overseas Bank Draft: • in the currency nominated above will be mailed to your 'Mailing Address' in ISIS – please update this before leaving Australia. • will be issued in your name of the student as recorded in ISIS and cannot be made payable to other people. • is only valid for 6 months from the date the bank draft is issued. • which has to be cancelled and reissued will incur a 'Reissue Fee', currently $10 which is subject to change. The fee will be deducted from the balance of your account.
☐	**Other – please discuss with your Hall Administration Manager**

Please confirm the following by placing an X in each box below:

☐	I understand that it is my responsibility to change my address details in ISIS and that the address is to be used for all correspondence from the University. I understand that my Hall is unable to make this change for me.
☐	I am aware that, at peak times during the year, processing of refunds may take up to 6 weeks.
☐	I understand that any outstanding amounts owing by me may be deducted from the Room Deposit before this refund application is processed.

Signature:		Date:	___/___/___

ADMINISTRATION USE ONLY

Building Maintenance Levy (Reverse if applicable)	$_____	StarRez Account Balance to be refunded $_____
Resident Committee Fee (Reverse if applicable)	$_____	
Other Additional Fee/s (if applicable)	$_____	Comments: _____
Deposit Refund Wizard Run - $300	YES ❑ NO ❑	_____
Total Amount Under $300, notify resident	YES ❑ NO ❑ N/A ❑	

Refund Approved (Approval is required from the Hall Administration Manager or Head of Residence - financial delegation 000220):

Signature and Full Name (printed):

Uni ID: Date: