



INTERNATIONAL STUDENT REFUND REQUEST

I, _____ authorize that Confederation College will refund the amount owing to me or my designate, according to the following instructions.

- Refund type (please check one):
- Electronic Funds Transfer (\$35.00 fee will be charged for processing)
- Cheque (option is **only** available for refunds to be sent within Canada)

Funds will **ONLY** be released to the country that the funds ORIGINATED FROM. If you are transferring to another institution, we **will not** be sending the funds to the new institution.

Please process the refund to be payable to the following individual. I understand that a refund will take a minimum of eight weeks from the time a complete refund request package is received by Confederation College.

Beneficiary Name			
Beneficiary Address			
City		Province/State	
Postal Code		Country	

Please fill out the following bank details for Electronic Funds Transfer **ONLY**

Beneficiary Bank Account Number	
Beneficiary Bank SWIFT Code	
Routing Code (IFSC/BBK/IBAN)	
Beneficiary Bank Name	
Beneficiary Bank Address	
City, Province or State	
Country	
Currency of Account	

Student Name

Witness Name

Student Signature

Witness Signature

Date Signed

Date Signed

Incase any further information is required, my contact information is (Address, Phone Number and Email):