



Surf Life Saving Australia Refund Request Form

Person seeking a refund is to fill out the below section and fax / email directly to the Club / entity to where the payment was made.

I/we request that a payment for Goods and Services made to an entity be refunded.

Name of Club / Entity that payment was made to:

Your Name (*in full*)

Address

Postcode:

| Contact phone number: ()

Payment Details:

Date Paid, Card Details of the account that made the payment and the Transaction ID/Receipt number:

Details :

Amount \$

Receipt Number:

Reason for Refund:

Your Name (Please Print)

Signature

Date

/ /

Club / Entity: Office Use ONLY

We approved the refund to be processed:

YES / NO

Club Name:

Approver Name (Please Print):

Signature and Date:

SLSA Finance Department: Office Use ONLY

Refunded Date:

Amount \$

Processed by name:

Refund ID Code:

Charge to entity / cost recovery:

Support for the payment Gateway can be achieved by emailing ithelp@slsa.asn.au