

## Your Details:

eCollect Ref:		
Name:	Surname:	
Address:		
Suburb:	State:	P/Code:
Phone:	Mobile:	
Payment Details:		
Date Of Payment: / /	Amount: \$	
Reason For Refund*:		

## **Refund Options:**

	Cheque will be sent to the address above:				
	EFT:	Account Name:			
		BSB:	Account#:		

**Credit Card** (Only available to debtors who paid by Credit Card)



## **Refund Policy**

Should any person believe that they are entitled to a refund of monies paid to eCollect for any reason, the following policy will apply.

- Applications for refunds will only be considered for three calendar months after the date of receipt by eCollect;
- Refunds will be made to the person making the payment;
- Any refund made will incur an administrative charge of the lower of 10% of Amount of Refund requested or \$22.00 inclusive of GST unless the receipt is due to an error by eCollect in which case no charge will be applied;
- Once a refund is made, eCollect and its client will be released from any further claims in relation to overpayments by the recipient of the refund.

For further information, please contact our Administration Manager 03 8611 2600.

□ I apply for a refund of monies paid to eCollect.

	I understand that an administrative charge of \$22.00 inclusive of GST will be
app	blied by eCollect unless the receipt is due to an error by eCollect in which case no
cha	arge will be applied.

□ I confirm that on receipt of the amount of refund requested less the administrative charge, I release eCollect and its client from all claims or complaints in relation to the matter for which the refund is made.

Name:	Date:	/	/
Signature:			

Please Fax this form to: 03 8611 2699

Please allow up to 10 business days for your transaction to process.