



**NAGLE**  
CATHOLIC  
COLLEGE  
EST 1994

## SCHOOL CAMP/TRIP REFUND DIRECT DEPOSIT

Parent/Guardian Name: \_\_\_\_\_

Student/s Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Bank Account Details**

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Refund Amount: \$ 370.00

Reason of Return: Ski trip refund

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### **Office Use Only**

AOS Code/GST: \_\_\_\_\_

Payment Date: \_\_\_\_\_ JBN: \_\_\_\_\_

\_\_\_\_\_  
Signature of Business Manager/

Assistant Business Manager

**PLEASE FILL OUT AND RETURN TO COLLEGE**  
**Email: NagleAccounts@cewa.edu.au**  
**Post: Accounts, Nagle Catholic College, PO Box 97, Geraldton WA 6531**