

REFUND REQUEST for STUDENTS

Email completed form to Registrar@keyano.ca

Student Information

| LEGAL LAST NAME | | LEGAL FIRST NAME | | DATE OF BIR | TH (MM/DD/YYYY) |
|-----------------|---------|------------------|-----------------------|-------------|-----------------|
| EMAIL | | 1 | | KEYANO STU | DENT ID # |
| | | | | 000- | |
| ADDRESS | | | CITY | | PROVINCE |
| | | | | | |
| POSTAL CODE | PHONE # | | REFUND REQUEST AMOUNT | TERM | YEAR |
| | | | | | 20 |

Method of Original Payment Made by (check one)

If the amount to be refunded was paid by more than one method of payment, please choose more than one.

Cash, Cheque, or Debit / Online banking (Domestic banking)
Credit Card
TransferMate

Plastiq (Void cheque or wire information required)
Wire (Wire information required)
Flywire (Wire information required)

Refund Method

Please note we will refund you using the same payment method. Please see below for additional information required to process your payment.

If you paid by cash, cheque, debit / online banking from a domestic bank account, please choose cheque or direct deposit for your refund.

Cheque Refund:

Please hold the cheque for pick up.

Please mail the cheque to the address above.

Direct Deposit Refund (Domestic banks only):

If your initial payment method was cash, cheque, or debit and you would like your refund by direct deposit, attach a VOID cheque or direct deposit information when you return the form.

Credit Card Refund

Please note any payments made by credit card will be refunded directly to that card.

Wire Transfer Refund (International students only):

If your initial payment method was wire transfer, attach the account confirmation provided by your bank for your refund when you return the form.

If you would like your refund to be issued to someone other than yourself, please fill out their information in in the box below. Ensure their matching refund information is attached for direct deposit (domestic banking only) or wire transfer, if applicable.

| NAME | PHONE # | |
|---------------|---------------------|-------------|
| ADDRESS | CITY | POSTAL CODE |
| EMAIL ADDRESS | STUDENT'S SIGNATURE | |

Student Confirmation Statement

I confirm that all requested information has been provided for my refund to be processed in a timely manner, and is accurate to the best of my knowledge.

| STUDENT'S SIGNATURE | DATE |
|---------------------|------|
| | |

| or Office Us | | | | | 1 |
|---------------------|-------------|---|--------|--------|---|
| SIGNING AUTHORITY 1 | | | DATE | | |
| SIGNING AUTHORITY 2 | | С | DATE | | |
| SIGNING AUTHORITY 3 | | С | DATE | | |
| | | | | | |
| PAYMENT 1 | REFUND TYPE | | AMOUNT | | |
| PAYMENT 2 | REFUND TYPE | | | AMOUNT | |
| PAYMENT 3 | REFUND TYPE | | | AMOUNT | |

Page 2 of 2 Revised 20240703