



REFUND/PAYMENT REQUEST FORM

I would like to make a refund/payment request for the following:

(PLEASE COMPLETE THE BELOW IN BLOCK CAPITALS)

Reason for Refund/Payment Request:

School Student Attends:

Name of Student:

Tutor Group:

Address:

Name on Bank Account:

Account Number:

Sort Code:

Last 4 Digits of Credit/Debit Card:

Parent/Carer Signature:

Date:

Please send the completed refund/payment request by email to finance@lionhearttrust.org.uk or post a copy to Finance CPT, Beauchamp City Sixth Form, 1 South Albion Street, Leicester LE1 6JL along with a copy of any receipts.

PLEASE NOTE: We will refund to the original payment method. In the event that this is not possible, please ensure your bank details are included above.

Office Use Only

Authorised By:

Beehive Updated:

Cardnet Refund Process:

Midas Updated: