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|  | **Refund and Transfer Request Form** |
|  |  |  |  |  |
|  | **Requestor to Complete in full*Incomplete forms will be returned to requestor*** |
|  |
|  |
|  | **Request Type** | **Refund** |
|  | **Date** |  |
|  | **Recipient** |  |
|  |  | *Customer Name must match proof of bank account if refund is requested* |
|  | **Contact Telephone** |  |
|  | **Contact Email** |  |
|  |  |   |   |   |
|  | **Company** | **Cristal Air International Ltd** |
|  | **NAV Number** | **N/A** |
|  | **Reason** | **Marketing Promo** |
|  |  | ***Settlement Agreements must be attached:*** | *The date for payment specified in the Settlement Agreement must be kept and Accounts Payable must be notified of exact date payment is to be made* |
|  |  |
|  | **Notes** |  |
|  |
|  | **Amount** |   | *Approver must have appropriate DFA* |   |
|  | **Credit Balance** | **Yes** | *Refunds will not be processed without a credit balance* |
|  | **Bank Details Attached** | **Yes** | *Refunds will not be processed without proof of bank account* |
|  |  | ***Acceptable forms of proof of Bank Account:*** | *Deposit slipScreenshot of bank, account name, and account numberBank account print-out* |
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