

Activity Centres Bond/credit refund form

To be filled out by families when they request a bond refund

Child's Name:	Amount owed:
My Child's last booked day of care:	
My Child will no longer be attending any ACI service, ,	please return any credit owed into my account.
Account Details	
Acc Name:	
BSB:	
Account No:	
□ I understand that I will not receive my refund until process can take up to 6 weeks.	the Childcare subsidy (CCS) has been finalised; this
Parent/ Guardians Name:	
Parent/Guardian Signature:	
Date:	
Please return this completed form to the service Coo	ordinator
Coordinators Signature:	
Date:	
☐Bond/ credit returned to designated account on _ □Confirmation of bond return sent to Coordinator	

Bookkeepers Signature: _____