



ABN 94 130 344 129

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(Form Edition Date: 29/1/2014)

PC Users Group (ACT) Inc.

Refund Details Form

PCUG Member Details

Title		First Name	Surname		PCUG Membership N°
Postal Address					Postcode
Phone (home)	Phone (work)		Mobile		Fax
Email address (1)			Email address (2)		

GST tax invoice/receipt required (*issued via email*)? Yes No

Refund Options:

Bank Transfer:

Account Name: _____
(*Must include name of member*)

Account BSB: _____ Account Number: _____

Credit Card: Mastercard / Visa (please circle)

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry Date: _ _ / _ _

Name on Card: _____

Signature: * _____

**I confirm that I am authorized to operate this credit card.*

Bank Cheque: (*This is the default option for any refund applicable*)

NOTES: