

TUITION REFUND FORM CANADIAN FINANCIAL INSTITUTIONS

This form is to be completed by a MITT student who has been approved for a tuition refund. By completing this form, a student will receive the refund they are eligible for directly into the account information provided.

Email completed form to: finance@mitt.ca

SECTION A: Personal Information			
Student ID:	Email address:		
Last/Family Name:	First Name:		
Address:			
City: F	Province:	Postal Code:	
SECTION B: Banking Information			
Attach a void cheque, when possible. S	ee sample below.		
Account Holder Name:			
Financial Institution Name:			
Financial Institution Address:			
	street address)		
City:	Province: _	Post	al Code:
Transit Number:			
(5 digits)		JOHN SMITH 1234 Address Street NE Salmon Arm BC V1E 0A0 (250) 999-9999	DATE 2 0
Financial Institution Number:		PAY TO THE ORDER OF	\$
(3 digits)		MEMO	MP
Account Number:	_	" OO J " : 12345 W 123 # 12 W 345 W E	
		Cheque Transit Financial Accou Number Number Institution Numb Number	
SECTION C: Authorization - to relea	ase funds to third	-party accounts	
Complete the following if the account in			g to the student:
•	•		
(student name)	_, authorize my ref	una to be deposited int	о ине инга-рапту
account noted above on my behalf.			
Third-party Account Holder Address:			
City:	Province	Post	al Code:

Student Signature: _____ Date:

SECTION D: Student signature – forms without a signature will not be processed

Updated: November 2021