



Are Direct NZ Limited
 PO BOX 76255, Manukau 2241
 Ph: 09 928 4383 Fax: 09 928 4434
ADNZAccountsReceivable@aredirect.co.nz

REFUND REQUEST FORM

Reason for Refund: Account Closed Business Sold Overpayment
 (Please circle one)

Other _____

Customer Details

Are Direct Account Number _____

Legal Name of Business _____

Trading Name of Business _____

Authorised Contact _____

Signature _____ Date _____

Phone _____ Mobile _____

Customer Banking Details (Please attach copy of deposit slip or similar bank account verification)

Name of Bank _____

Branch _____

Name of Account _____

Refund Amount \$ _____

Account No:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Office Use Only:

Approved By

Title	Name	Signature	Date
Accounts Receivable Officer			
Accounts Receivable Manager			
General Finance Manager			
Accounts Payable Officer			