



# Application for refund of credit balance

Office of Student Accounts



## INSTRUCTIONS

Complete the form and sign where indicated

Submit this form by fax **+ 30 210 600 9824** or email **studentaccounts@acg.edu**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Student ID \_\_\_\_\_ Tel/Cell number \_\_\_\_\_

Please reimburse me the credit balance of my account that is equal to the amount of:

€ \_\_\_\_\_ EURO

By check /  By bank transfer

Bank \_\_\_\_\_

IBAN \_\_\_\_\_

Account Holder \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date