

REFUND APPLICATION FORM
INITIATION FEE

DATE: _____

EMPLOYER: _____

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE: _____

REASON FOR REQUEST OF REFUND: _____

MONTH REFUND WAS DEDUCTED: _____

AMOUNT OF REFUND: _____

FOR OFFICE USE ONLY:

APPROVED: YES _____ NO _____

AUTHORIZED BY: _____

DATE: _____

INITIATION AMOUNT: _____

DATE CHEQUE ISSUED: _____