Application for membership fees refund

1. Please complete all details, sign and attach supporting documentation.
2. Send to PSA Membership Team, PO Box 3817, Wellington, 6140.

- **Members are entitled to request a fees refund of up to 12 months as per PSA rules.**
- **Before applying for a refund check that payroll has adjusted your fee deductions.**

Member No			
First name		**Surname**	
Email address		**Phone No**	
Postal address			
Employer			
Site			

Reason for refund:

☐ Paying incorrect fees ☐ Resigned from the PSA but did not stop fees

_____

_____

Dates for which you are claiming __ / __ / ____ to __ / __ / ____

Total amount of refund claimed $ _____

☐ I have attached supporting documentation for my application.
(E.g. statement of earnings from employer, proof of resignation, change of income)

Your signature: _____

☐ **Send cheque to above address**

☐ **Direct credit** (complete your bank details - **credit card account numbers cannot be used)**

Name of Account:_____ Name of Bank: _____

Your account number: __ __ / __ __ __ __ / __ __ __ __ __ __ __ / __ __ __
Bank Branch Account Suffix)

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office use only

Checked and Approved by: _____ Date: _____

Signature: _____

GL Code: _____

Payment made to member on __ / __ / __ by direct credit / cheque no _____