

National Chiayi University Students Refund
Consent

Name_____ ID _____ , _____School year
_____Semester handle quit school drop out
of school graduate Tuition waiver
others_____, Remit refundmine or
_____ (Please fill in relations with the
title and name of students)Please apply according
to their request.

Applicant : _____ (sign)

Date:

1、Recipients Username :

2、ID number of recipients :

2、Designated remittance (one of that)

Bank Post Office

Bank:

Branch Office No. (7 codes)

Account number (7 codes)