Are Direct NZ Limited
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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:

Office Use Only:

Approved By

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

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