

Refund Request

PAYMENT DETAILS			
Name			
Invoice number			
Amount paid			
Currency			
(CAD, USD, or EUR)			
Payment date			
Reason for refund			
(Please attach			
evidence to support			
your claim)			
Payment method (<i>Please select the</i> <i>payment method used</i> , <i>and provide all details</i> <i>for that method. The</i> <i>refund will be made</i> <i>using the same</i> <i>payment method.</i>)	Select the met	hod	Provide the payment details
	PayPal		Transaction number:
	Wire Transfer		Account name: IBAN number: Bank name: Bank address: Swift:
	Credit Card		Account name: Account number: Bank name: Expiry date:
	Cheque		

Please send the completed copy of this document along with respective evidence to <u>refund@pecb.com</u>.