

Refund Request

PAYMENT DETAILS		
Name		
Date of the request		
Invoice number		
Amount paid		
Currency <i>(CAD, USD, or EUR)</i>		
Payment date		
Reason for refund (Please attach evidence to support)		
<p>Please select ONE of the following options:</p> <p style="margin-left: 40px;">Refund to the original payment method originally made (Credit Card, Wire Transfer) - no further details are required.</p> <p style="margin-left: 40px;">Account Credit (This amount will be available in your Wallet for future PECB purchases) - no further details are required.</p> <p style="margin-left: 40px;">If credit card payment was made and you prefer to be refunded by Wire Transfer, please provide the bank details in the table below.</p>		
Wire Transfer <i>(Only provide if this was not the original payment method)</i>	Account Name: IBAN Number: Bank Name: Bank Address: Swift Code:	
For internal usage only	Date of refund executed	

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