

# REFUND REQUEST

**DETAILS – All details must be completed.**

Last Name:		First Name:	
Address:			
Phone:		Mobile:	
Chancellor (Please Circle):		Alliance	
Email:			
Date Request Submitted:			

**REASON FOR REFUND? A refund cannot be requested 3 business days beyond the original payment date.**


**OFFICE USE ONLY: All information needs to be reviewed and validated before refund is authorized.**

Original Payment Date:			
Amount Paid in Full:	\$		
Less Deductions:			

**REFUND APPROVED?**

Has the refund been approved by Committee? (Please Circle):	YES / NO		
Signed by Owner:			
Signed by Member:			
Signed by Senior Consultant:			

Date Approved:		Amount:	\$
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It is the responsibility of client and or supporter to request a refund. Requests can be emailed to [cdp@chancellorconfirm.com](mailto:cdp@chancellorconfirm.com), [cdp@alliancehumanity.org](mailto:cdp@alliancehumanity.org) or faxed to 470.705.0409. All refund requests are subject to Chancellor Consulting Firm, LLC - CCF refund policy.