



哈维中文学校退款申请表

Howard County Chinese School Request for Refund

To submit: register@hccs-md.org

Registration Invoice # (required) _____, _____

Student Name: (Chinese) _____ (English) _____

Refund for: 1. Standard Chinese Class: _____ ☐ Text book returned

2. Subsidiary Class Specify: _____

3. Others _____

Refund Info:

☐ Credit card refund (for credit card payment)

☐ Check refund* (for check or cash payment):

1. Check payable to: _____

2. Street address: _____

3. City, State and Zip code: _____

4: Contact phone number: _____

5: E-mail address: _____

Refund reasons (optional): _____

Request by: (please print): _____

Signature: _____ Date: _____

*Refund check is valid for 90 days. If refund check needs to be stopped and new check issued, \$35 fee will be charged by the bank, and deducted from your refund amount.

注册专用(Office Use Only):

金额(Refund Amount) \$ _____ 支票号码(Check#) _____

经手人签名(Check#) _____ 日期(Date) _____

经手人签名(Check#) _____ 日期(Date) _____