

Captains Cash REFUND Request

Name: _____ ID#: _____

Daytime Telephone #: _____

Mailing Address: _____

Email Address: _____

I am requesting a full refund of the funds in my Captains Card Flex Account.

I understand that:

1. Request form must be completed, including a signature.
2. Student status will be confirmed before any action is taken.
3. My Captains Cash Account will be closed with in 24 business hours of submitting this request.
4. Student Accounts will be notified of the refund request and will process a check. Checks should arrive within 6-8 weeks.
5. Checks will be mailed to the address on file with the Registrar's Office. If the check is returned for wrong address and I did not provide a correct forwarding address, the funds will be forfeited.

Reason for request:

- Withdrawing
- Graduating
- Transferring

I have read the above polices and procedures concerning this refund request.

Signed: _____

Date: _____

Captains Card Office ONLY
Refund Amount: _____ Date: _____
Authorization: _____