



## CAMPUS CASH CARD REFUND REQUEST FORM

To receive a refund, complete this form and email to [carddah@ung.edu](mailto:carddah@ung.edu) within 30 days. Please allow up to 8 weeks for processing.

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mail a refund check to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Refund Eligibility Date Processed

\_\_\_\_\_ Initials \_\_\_\_\_

Notes \_\_\_\_\_

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