



CAMPUS CASH CARD REFUND REQUEST FORM

To receive a refund, complete this form and email to 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 _____
