

SUN DOLLARS

Request for Refund

Account Holder's Name: _____ ID Number: _____ Date: _____

Account Balance: _____

Account Frozen?

Service Charge: _____

A/R?

Amount of Refund: _____

Optim?

I verify that the refund amount is correct:

Account Holder Signature

Date

By _____

Please Note: Your refund will be applied against any outstanding balances you owe the University. Your refund check will be mailed according to standard Accounts Receivable procedures. Please make sure your address is correct. Revised 7/97