

Captains Cash REFUND Request

Name:	ID#:
Telephone	#: Email:
Mailing Ad	dress:
	ould like to donate my remaining Captains Cash to the Senior Gift. n requesting a full refund of the funds in my Captains Cash Account.
•	Cash withdrawals are not permitted.
•	There must be a minimum of \$5.00 in Captains Cash in order to receive a refund.
•	Monies deposited by the University as a credit are not eligible for a refund.
•	A request form must be completed, including my signature, and returned to the Captains Card Office, DSU 386.
•	Student/Staff status will be confirmed before any action is taken.
•	My Captains Cash Account will be closed with in 24 business hours of submitting this request.
•	Refund payments for employees, including student employees, will be automatically deposited to the account on file. Non-employees will receive a check via U.S. Postal Service within 2-4 weeks.
• Reason fo	If the check is returned for wrong address and I did not provide a correct forwarding address, the funds will be forfeited.
□ Wit □ Ret □ Oth	duating hdrawing/Transferring iring/Resigning er d and understand the above policies and procedures concerning this Captains Cash uest.
Signad:	Date:
	Date:
ling Address Captains Ca	: Captains Card Office ONLY
enue of the	
386 port News,	VA 23606 Authorization:
ail To: <u>capta</u>	inscard@cnu.edu Charge to 20430-6328 Transaction Number: