

USF ID #: _____

Term: _____

Name: _____

Original Transaction amount: _____

Amount to be refunded: _____

Credit/Debit Card Information:

ANY REFUND DUE *MUST* BE CREDITED BACK TO ORIGINAL CARD PROCESSED

**** REFUNDS ARE PROCESSED WITHIN 10 BUSINESS DAYS. IT CAN TAKE UP TO 30 DAYS AFTER
PROCESSING FOR THE CREDIT TO SHOW UP ON YOUR CARD STATEMENT****

Card Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Last Four Digits of Card Used: ____ ____ ____ ____

Signature Authorization: _____ Date: _____

CONTACT INFORMATION (Please Complete):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

FOR OFFICE USE ONLY

Refund processed by: _____ Date: _____

FAX or mail this form to:

University Controller's Office: Cashier's Office

University of South Florida * 4202 East Fowler Ave, ALN147 * Tampa, FL 33620-5800

* FAX (813-974-6077) *

Revised: 9/2012