

Close Account & Refund Form

Name:	ID#:							
	Last	First	MI					
Email:				Phone:				
treet:								
lity: _		State	e:	Zip:	Cour	ntry:		
•	Close the following	account(s):						
	Wiscard		Union Flex Dining Plan*					
	*The Union Flex Dining P	refundable upon graduation or official separation from the University.						
•	I would like to contract students for student							by
alance. le acco cord in forma	This fee will be removed unt balance is less than \$ f this form is not submitte tion. A University check we that Holder	after any contrib 5 after the donation ed in person or fr	on and fee as om your can	ASM Open S re withdrawn.	eat has been de Refunds will be	ducted. No e mailed to	refund will the Home a	be issued in ddress of
	ire:				Da	ate:		
		rm to: Wiscard il to <u>wiscard@</u>		•				
or Of	fice Use Only:					Date Received:		
Wis	card Office: Form was sub	mitted in person o	r from the per	son's camous	email address.	Yes	No	
		n Flex Dining Plan		_		No		
	Address verified by:			or ID ver	ified by:		Date	
Accounting Office: Wiscard Account:			\$	0100	.1577			
	C .	x Dining Plan:	\$).1577			
	Less Oper	n Seat Donation: inistrative Fee:	\$ \$ 10.00	0100).1584).2990			
	Refund I	ue:	\$	(If b	alance is less than	\$5, no refu	nd will be issu	ıed.)
	Funds withdrawn by:			Check rec	uested by:			
	,	Initials	Date		. ,	Initials		te