Credit/Debit Card Refund Request

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) *

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