

**EAST TENNESSEE STATE UNIVERSITY
ID BUC\$ REFUND REQUEST**

Reason for Request:

Graduation _____ **DATE** _____
Withdrawal from University _____
Exiting Employee _____
Other _____
Please be Specific

Account Holder's Name: _____

Campus ID # _____ **Phone #** _____

Mail Refund To: _____
Street or P.O. Box

City State Zip

AMOUNT REQUESTED: \$ _____

A refund check will be mailed to the address above within (15) working days. A \$5.00 processing fee will be deducted from your account. The processing fee is waived for graduating students and exiting employees.

Please sign here: _____
Refund Authorization Signature of ID BUC\$ Account Holder

.....
ID Office Use Only

Refund Request Approved by: _____ Processed by: _____

ID BUC\$ Balance before Refund \$ _____ Date Processed: _____
Processing Fee \$ _____
Amount of Refund Check \$ _____

ID BUC\$ Balance after Refund \$ _____

Debit Account E110001-79990-25040-999 \$ _____
Credit Processing Fee to Account E758877 \$ _____

Please issue Check for the amount of: \$ _____

Approved By: _____ Date: _____