



Captains Cash REFUND Request

Name: _____ ID#: _____

Telephone #: _____ Email: _____

Mailing Address: _____

- I would like to donate my remaining Captains Cash to the Senior Gift.
- I am 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.
 - If the check is returned for wrong address and I did not provide a correct forwarding address, the funds will be forfeited.

Reason for request:

- Graduating
- Withdrawing/Transferring
- Retiring/Resigning
- Other _____

I have read and understand the above policies and procedures concerning this Captains Cash refund request.

Signed: _____ Date: _____

Mailing Address:
 CNU Captains Card Office
 1 Avenue of the Arts
 DSU 386
 Newport News, VA 23606

Email To: captainscard@cnu.edu

Captains Card Office ONLY

Refund Amount: _____ Date: _____

Authorization: _____

Charge to 20430-6330 Transaction Number: _____