MARIST

CREDIT CARD REFUND FOR MARIST MONEY DEPOSIT ERRORS

Student Information:

Student Name: _____ Student Id #: _____ Date:
(Please print)

Account to be refunded:
□ Marist Money Account

Justification of refund: _____

_____

Credit Card Information:

Card Holder Full Name: _____ Deposit Date: _____

□ Visa □ MasterCard □ Discover Deposit Amount: _____

Credit Card Number: __ __ __ __ XXXX-XXXX __ __ __ __ Expiration Date (MM/YY):____/_____
First four digits Last four digits

Signature (required):

_____ _____
(Print) (Signature)

I authorize Marist Card Services to refund my account using the credit card information I have given. I verify that the information is current and accurate.

For Office Use Only

TransRoute Id _____ TransRoute Refund Id _____

Documentation prepared by_____

Documentation provided: □ Student History Report □ Transaction Summary Report □ CC number

Processed by _____ Date Processed _____

Transaction processed in OneCard □ Adjust balance □ Refund balance □ Reverse transaction

Cleared to: _____ Refunded to: _____

Note_____

HCS Director Approval _____

OFFICE OF MARIST CARD SERVICES
Donnelly Hall Room 241, 3399 North Road Poughkeepsie, NY 12601
Phone- 845-575-3550