R’CARD REFUND REQUEST FORM

If you have graduated or left the university, please complete this request to close your Bear Bucks Debit Account.

This form is required to close your UCR CARD debit account and request a refund of any remaining balance. Please fill out completely to ensure the timely turn-around of funds.

1. DATE of Request: ________________

2. First, Middle, Last: ____________________________________________
   Please print

3. R’CARD # 6012 - ______ - ______ - ______
   16 digit number starting with 6012

4. STUDENT / STAFF ID #: _____________________________

5. EMAIL: _____________________________ & PHONE # _____________________________

6. REFUND ADDRESS: ____________________________________________
   Street Address, City, State, Zip

   • All balances below $5.00 will not be refunded. A $5.00 processing fee will be deducted from your account before the balance is refunded.
   • If there are outstanding charges on an existing Student Account, they must be paid before refunds are issued.
   • Refunds will be issued by Campus Accounting. Please give ten to fourteen business days from the date the form is submitted to the arrival of your refund check.

__________________________________________________________  _____________
Cardholder Signature                  Date

Submit form:
Mail: UCR Card Office, 249 Highlander Union Bldg., Riverside, CA, 92521
Fax: (951)827-2235
Email: cardingoffice.ucr.edu

For office use only: Date received: ______ Account Balance: $_______ Received by: ________