

**UCLA BRUINCARD CENTER
Refund Request Form**

DATE	
BRUINCARD ID	
NAME (FIRST, MI, LAST)	
EMAIL ADDRESS	
PHONE NUMBER	
ADDRESS <small>(For students receiving a paper check refund, this field must match your official UCLA Mailing address.)</small>	

ACTION (please check one)

CLOSE ACCOUNT. Please indicate reason for closing account.

- Graduated**
- Separated Employee**
- Ended affiliation with UCLA**

ERRONEOUS DEPOSIT. Online Deposit made in error.

- ERROR AMOUNT \$** _____
- ERROR DATE** _____

BruinCard policies:

- The account balance must be at least \$25.00 unless the requestor is enrolled in Bruin Direct.
- Cash refunds will not be issued. Credit balance will be posted to the BruinBill account, and will be issued by check or direct deposit (Bruin Direct) by the Student Accounts Office. If there are charges on existing BruinBill accounts, they will be paid before credits are issued.
- If the deposit transaction originated from a credit card made online or in-person, a credit will be issued to that credit card.
- Deposits made by departmental funds will not be refunded.
- Refunds can only be issued to cardholders separated from the university.

I have read and accept the [BruinCard Terms & Conditions](#), Furthermore, I agree to the refund policies listed above. I understand that submitting a Refund Request form does not cancel my payroll deduction (if applicable).

Cardholder Signature _____ Date

**Submit forms through the [MyUCLA Message Center](#), in person (123 Kerckhoff Hall), or by fax to (310) 825-7582.
[Ask BruinCard](#) or [Change/Cancel payroll deduction](#) at www.bruincard.ucla.edu.**

BruinCard Office Use Only			
Processor _____	Date _____	Date Card Frozen _____	
Deposit Type	Amount	Date	CASHNet Transaction # (If Applicable)
_____	_____	_____	_____
_____	_____	_____	_____
Refund Type/Amount	___CC _____	___ BAR _____	CRT Date _____
Reviewer _____	Date _____		
Supervisor _____	Date _____		