



Refund Form

Please print this form and email to ec-processing@ncaa.org or fax to 317-968-5100.

AMOUNT: \$ _____ NCAA ID: _____

STUDENT-ATHLETE'S NAME: _____

PAYABLE TO: _____

REMITTANCE ADDRESS: _____

PHONE NUMBER: _____

TRANSACTION DATE: _____

TRANSACTION TYPE: (please mark one)

CREDIT CARD
NAME ON CARD _____
CARD TYPE _____
CARD NUMBER _____
EXPIRATION DATE _____

ELECTRONIC CHECK
NAME ON ACCOUNT _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____

REASON FOR COMPENSATION: (please mark one)

- Duplicate Payment
- Eligible for Fee Waiver
- Customer Dispute
- Other (please specify): _____

Please allow up to 10 business days for processing.