



# Refund Form

Please print this form and email to [ec-processing@ncaa.org](mailto: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): \_\_\_\_\_