



ELIGIBILITY CENTER

REFUND REQUEST FORM

Directions

Please complete form (*print only*), then return via email (ec-processing@ncaa.org) or fax (317-968-5100). **Please allow up to 10 business days for processing.** [Click here](#) for refund policy.

Refund Information

Student Name: _____ NCAA ID: _____

Payable to: _____ Amount: \$ _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Transaction Date: _____

Transaction Type (*please check one*)

Credit Card.

Name on Card: _____

Card Type: _____ Expiration Date: _____

Card Number: _____

Electronic Check.

Name on Account: _____

Routing Number: _____ Account Number: _____

Reason for Compensation (*please check one*)

Duplicate payment.

Eligible for **fee waiver**.

Incorrect Account Type Selected. Form must be submitted with 30 days of payment. *After your refund is processed, your registration will be updated to the account type you select below.*

Profile Page account.

Amateurism-Only Certification account.

Other (please specify): _____