



**Bod Buck Refund Request Form
Ichabod Service Center**

Part I - Student Information

Student Name:	
WIN:	
Address:	Street Address
	City, State Zip
Telephone:	
E-Mail:	

Part II - Refund Information

Reason for Requesting Refund:	
Today's Date:	
Amount Requested:	\$

Part III - Approval

Acknowledgements and Authorizations:
Please refund the amount requested above from my Bod Bucks account. I understand that this amount will be applied to my student account maintained at the Business Office, and that any outstanding University obligations will be deducted from the Bod Buck refund I am requesting.

I also understand that my Bod Buck refund will be refunded to me via direct deposit if specified by me in WU-View. Otherwise, a check will be cut and mailed to the address listed above.

In addition, a \$15.00 processing fee will be charged for all Bod Buck refunds.

Student Signature

Date

FOR ICHABOD SERVICE CENTER USE ONLY

Charge student \$15.00 processing fee? YES NO

Prepared By (Ichabod Service Center Employee)

Approved By

Date

Date

FOR BUSINESS OFFICE USE ONLY

Posted to Student Account By

Date

Business Office Comments
