



EAST TENNESSEE STATE UNIVERSITY

Campus ID Services

iDBUC\$ REFUND REQUEST

Reason for Request:

Graduation _____ DATE _____

Withdrawal from University _____

Exiting Employee _____

Other _____

Please be Specific

Account Holder's Name: _____

Campus ID # _____ Phone # _____

Mail Refund To: _____

Street or P.O. Box

City

State

Zip

AMOUNT REQUESTED: \$ _____

A refund check will be mailed to the address above within (15) working days. A \$5.00 processing fee will be deducted from your account. The processing fee is waived for graduating students and exiting employees.

Please sign here: _____

Refund Authorization Signature of ID BUC\$ Account Holder

ID Office Use Only

Refund Request Approved by: _____ Processed by: _____

ID BUC\$ Balance before Refund \$ _____ Date Processed: _____

Processing Fee \$ _____

Amount of Refund Check \$ _____

ID BUC\$ Balance after Refund \$ _____

Debit Account E110001-79990-25040-999 \$ _____

Credit Processing Fee to Account E758877 \$ _____

Please issue Check for the amount of: \$ _____

Approved By: _____ Date: _____