



For Office Use only: Date _____ By _____ Plan #25 _____

SIUE Cougar Bucks Debit plan Request for Refund

Name _____

ID#: _____

CHECK REASON FOR REFUND:

- Withdrawn or graduated from SIUE
- Entry into armed services for 6 months or more

NOTE: There will be no refunds of less than \$5. If there are outstanding debts to the University, the refund will be processed toward the outstanding debts.

If you are due a refund, it will be mailed to the billing address SIUE has on file. Please check CougarNet to make sure that address is correct. If it needs to be updated, please do so.*

** If you do not have Internet access, please complete the following portion of this form giving SIUE permission to update your billing information.*

Name _____

Street Address _____

City, State, ZIP Code _____

By signing below, I give SIUE permission to update my billing address.

Student Signature _____

Date _____

Mail this form to: Service Center, Att'n: Cougar Bucks Account Refund
 Campus Box 1080
 SIUE
 Edwardsville, IL 62026

Or fax this form to: (618) 650-2081, Att'n: Cougar Bucks Account Refund