BuzzCard Account Closure Form

BuzzCard Center • 48 5th St. • Atlanta, GA 30308-0485 404-894-2899 • email form to: support@buzzcard.gatech.edu

Name (First, Mi, Last):		
gtID#:		
Telephone Number:	email:	
Street Address:	State:	ZIP :
Status (check one): Student: Facult If Faculty/Staff or Affiliate Staff, are you closing this	ty/Staff: Affiliate: Termination Date	
account due to an involuntary termination? Yes:	No: applicable	e):
Refund Pre-Requisites		
 The complete BuzzCard Account Disclosure of Terrat https://buzzcard.gatech.edu/buzzcard-terms-an 		able refund policy, may be reviewed
The lesser of \$35.00 or any remaining account balan	nce will be retained as an account clos	sure fee.
 Refunds of a balance in excess of \$35.00 may be req by submitting a Refund Request Form to the BuzzO days. Please allow additional time for postal service 	Card Center. Refund requests shall be	
• Upon Account closure, any balance in the Account Cardholder owes the Institute. Any balance in the Areturned to Cardholder.		
Refund Method		
 <u>Student</u> refunds will be posted to the student's account according to the standar 		The Bursar will process a refund to
 <u>Non-Student</u> Refunds will be mailed to the address Tech Accounts Payable for prior purposes. 	indicated above unless direct deposit	t information is on-file with Georgia
Signature:	Date:	
OFFICE USE ONLY		
BuzzCard Balance: \$	Adjusted Card Bal for Refur	nd: Yes N/A (student) (student)
Amount Refunded: \$	Notes:	
Date Processed:		

REVISED MAY 2014

Initials: