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: Faculty/ If Faculty/Staff or Affiliate Staff, are you closing this account due to an involuntary termination? Yes: | Termination Date (if | tor: |
| If graduating student, graduation date: If withdrawing student, withdrawal date: | | |
| Refund Pre-Requisites | | |
| • The complete BuzzCard Account Disclosure of Terms & Conditions, including the applicable refund policy, may be reviewed at http://buzzcard.gatech.edu/Pages/BuzzCard-Terms-and-Conditions.aspx | | |
| The lesser of \$35.00 or any remaining account balance will be retained as an account closure fee. | | |
| Refunds of a balance in excess of \$35.00 may be request by submitting a Refund Request Form to the BuzzCard days. Please allow additional time for postal service de | Center. Refund requests shall be processed | |
| Upon Account closure, any balance in the Account rem Cardholder owes the Institute. Any balance in the Accoreturned to Cardholder. | | |
| Refund Method | | |
| • <u>Student</u> refunds will be posted to the student's account after applying any charges due. The Bursar will process a refund to the student's bank account according to the standard refund calendar. | | |
| <u>Non-Student</u> Refunds will be mailed to the address inc. Tech Accounts Payable for prior purposes. | licated above unless direct deposit informa | tion is on-file with Georgia |
| Signature: | Date: | |
| OFFICE USE ONLY | | |
| BuzzCard Balance: \$ | Adjusted Card Bal for Refund: | Yes N/A (student) |
| Amount Refunded: \$ | Notes: | (John Student) (Student) |
| Date Processed: | | |

REVISED MAY 2014

Initials: