

## College-Bound Student Athletes

# Refund Request Form

### DIRECTIONS

Please download and complete the form. Once complete, email [ec-processing@ncaa.org](mailto:ec-processing@ncaa.org) or fax (317-968-5100) the form to the Eligibility Center for consideration. **Please allow up to 10 business days for processing.** [Click here](#) for the refund policy.

### REFUND INFORMATION

Student Name: \_\_\_\_\_ NCAA ID: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Transaction Type *(Please Check One)*

Credit Card.

Name on Card: \_\_\_\_\_

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Electronic Check.

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### Reason for Compensation *(Please Check One)*

Duplicate payment.

Eligible for a [fee waiver](#).

Incorrect account type selected. Form must be submitted within 30 days of payment.

*After your refund is processed, your registration will be updated to the account type you select below.*

Profile Page Account.

[Athletics Certification account](#).

Other *(please specify)*: \_\_\_\_\_

