CREDIT CARD REFUND FOR DEPOSIT ERRORS

Student Name: _____
(Please print)

☐ Student
Hofstra card ID: _____

Phone Number: _____

☐ Card Holder
Full Name: _____

Phone Number: _____

For Office Use Only

Initials_____

Date _____

Signature_____

2nd Signature if refund over $250.00

_____

CARD INFORMATION (Please do not send full credit card number)

Amount: _____

Type: (Visa, Master Card) _____

Credit Card Number: __ __ __ __ XXXX - XXXX __ __ __ __
First four digits Last four digits

Expiration Date (MM/YY) : _____/_____

REASON FOR REFUND Deposit Date _____

☐ Dutch Debits
Please explain _____

_____

☐ Additional Points
Please explain _____

_____

Signature (required)

I authorize HofstraCard Services to refund my account using the credit card information I have given. I verify that the information is current and accurate.

_____ _____
(Print) (Signature)

OFFICE OF HOFSTRACARD SERVICES
Student Center RM 104, 200 Hofstra University, Hempstead, NY, 11549.
Phone = 516-463-6942, Fax= 516-463-5450