

HOFSTRA UNIVERSITY

CREDIT CARD REFUND FOR DEPOSIT ERRORS

Student Information:

Student Name: _____ Student ID #: _____
(Please print)

Date: _____ Phone number: _____

Account to be refunded:

- Dutch Debits Account
 Additional Dining Points Account

Justification of refund: _____

Credit Card Information:

Card Holder Full Name: _____ Deposit Date: _____

Credit Card Number: _____ Deposit Amount: _____
Last four digits

Signature (required):

(Signature)

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

For Office Use Only

Transaction ID: _____

Documentation provided:

- Settlement Transaction Report OneCard Reversal Receipt Touchnet Receipt

Processed by: _____ Date Processed _____

HCS Director Approval: _____

Billing Agent Verified: _____

Notes: _____

OFFICE OF HOFSTRACARD SERVICES
Student Center Room 110, 200 Hofstra University, Hempstead, NY 11549
Phone- 516-463-6942 Fax-516-463-5450