



**CHRISTOPHER NEWPORT
UNIVERSITY**
Captains Cash REFUND Request

Name: _____ ID#: _____

Telephone #: _____ Email: _____

Mailing Address: _____

- I would like to donate my remaining Captains Cash to the Senior Gift.
- I am requesting a full refund of the funds in my Captains Cash Account.
 - I understand that:
 - Request form must be completed, including my signature.
 - Student/Staff status will be confirmed before any action is taken.
 - My Captains Cash Account will be closed with in 24 business hours of submitting this request.
 - Accounts Payable will be notified of the refund request and will process a check. Checks should arrive via U.S. Postal Service within 6-8 weeks.
 - Checks will be mailed to the address on file with the Registrar's Office. If the check is returned for wrong address and I did not provide a correct forwarding address, the funds will be forfeited.

Reason for request:

- Withdrawing
- Graduating
- Transferring
- Retiring/Resigning
- Other _____

I have read the above polices and procedures concerning this refund request.

Signed: _____ Date: _____

Mail To:
CNU Captains Card Office
1 Avenue of the Arts
DSU 386
Newport News, VA 23606

Email To: captainscard@cnu.edu

Captains Card Office ONLY

Refund Amount: _____ Date: _____

Authorization: _____

Charge to 20430-6328 Transaction Number: _____