

Appendix 16: Refund Request Form

Refund Request Form

Please complete this form and allow CUWFA 60 days from the receipt of your refund request. We will reserve an administration fee of \$25.00 per refund. If you have questions please contact treasurer@cuwfa.org.

First Name _____ Last Name _____

Today's Date _____ Office Number _____ Cell Number _____

Payment Method submitted (select one):

Check # _____

Purchase Order # _____

Credit Card: VISA, MC, AMEX, DISC # _____ Exp. Date _____

Name on card _____

Billing Address _____

Submit Refund to (name or organization) _____

Address _____ City/State/Zip _____

Email _____

Signature _____

Submit your refund request by email to: CUWFA Treasurer via treasurer@cuwfa.org with a copy to president@cuwfa.org.