NICHOLLS STATE UNIVERSITY

Colonel Card Account Refund Form

Return this form to the Colonel Card Office in the Student Union, Room 19, across from the Post Office or mail to Nicholls State University, Colonel Card Office, P. O. Box 2045, Thibodaux, LA 70310

Name (Please Print) First **Middle** **Last**

Address **City** **State** **Zip Code**

Banner Number **Area Code** **Phone Number**

Reason for withdrawal of funds:

____Official Withdrawal from University ____Graduating ____Other (please explain)

Important Notice:

In accordance with the Colonel Card Terms and Conditions, a processing fee of $10.00 will be charged for all refunds. The fee will be deducted from your account before the account is closed. Refunds will be mailed to the address provided within twenty-five (25) calendar days.

Your Signature below acknowledges the above terms and conditions.

Balance in Account: _____

Processing Fee: ____$10.00_____

Amount available for refund: _____

Cardholder Signature **Date**

FOR OFFICE USE ONLY		
Amount of Refund:	**Processed By:**	**Date Closed:**