UMD Campus Cash
Refund/Request to Close Account Form

☆ A UMD Campus Cash Account will be closed only after the cardholder submits a Request to Close Account form, available at www.d.umn.edu/umdbo/cashier

☆ Upon receipt of a Request to Close Account form, the UMD Cashiers Office will verify the cardholder's University status using University registration, employment or other systems. University systems may take up to one full academic term to reflect inactive status.

☆ Exception: Persons called to active military duty should contact One Stop, not the UMD Cashiers Office. One Stop will coordinate all account withdrawal activities for military personnel, including the request to obtain a refund of UMD Campus Cash value from the Cashiers Office.

☆ If you continue to use UMD Campus Cash value from the UMD Campus Cash account associated with this request after you've submitted this form, your refund will be reduced by that amount.

☆ Closed accounts are subject to a $10 administrative fee.

☆ Refunds for students will be posted to the student's University account. Refunds for non-students will be made by check and will be sent to the mailing address as submitted on the Refund/Request to Close Account form.

☆ Please complete the UMD Campus Cash Refund/Request to Close Account Form below and drop it off at the UMD Cashiers Office or mail it to:

UMD Cashiers Office
University of MN Duluth
Attn: Campus Cash Manager
140 Darland Administration Bldg
1049 University Drive
Duluth, MN 55812

<table>
<thead>
<tr>
<th>Cardholder Information (please print and complete all fields)</th>
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<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>E-mail Address:</td>
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<tr>
<td>Street Address:</td>
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<th>Reason for Closing Account:</th>
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For Office use only:

Balance $ ______________ less $10 processing fee = Amount to Refund $ ______________

Odyssey Verification: Amt Deleted from Account $ ______________ Date Deleted ___________ Deleted by ______________

Refund Verification: Amt Deleted in Odyssey $ ______________ Processing Fee: $10 Amount to Refund $ ______________

UMN Status Verified in PS __________ Date Entered in PS __________ Initials __________