For Transact payment refund requests, please fill out the below:

**Requester:**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone: |  |

**Refund Information:**

|  |  |
| --- | --- |
| Merchant ID:  | **4445063405179** |
| Transaction Amount: |  |
| Transaction Date: |  |
| Customer Name: |  |
| Item Code: |  |
| Item Description: |  |
| Account Suffix: | To be filled by Campus Banking |
| Authorization Code: | To be filled by Campus Banking |

**Optional Comments:**

*Please let us know of additional pertinent information regarding this refund*

**Department Authorizing Signature**

Signature of Authorized Signer (Dir or Assc Dir) and Printed Name Date