

CBORD Balance Refund Request

Patron Name:

Banner ID Number:

Please close out my:

___ Dining Dollars Account (\$525)

___ Braves Dollars Account

___ Faculty & Staff Block Meals

By signing, I understand that:

- ⇒ Any fees owed to the university will be deducted from my refund
- ⇒ Any remaining balance will be mailed as a check to my permanent mailing address
- ⇒ I should allow 10-14 business days for processing

Patron Signature:

Date:

!! Please DO NOT write below this line !!

Mailing Address (SPAIDEN): _____

Fund & Accounts:

Dining Dollars Account: 303020.14266 Amount: _____

Braves Dollars Account: 270120.14192 Amount: _____

Faculty & Staff Block Meals: 303020.14267 Amount: _____

CHECK TOTAL: _____

APPROVAL & DATE: _____