

uOttawa Card Service Refund form – please read carefully

Complete the following form to obtain a Flex or Meal plan refund. Prior to completing this refund request, it is necessary to ensure that you are eligible for a refund, please consult the uOttawa [Cardholder agreement](#) section 9 and section 15. Please complete, print, sign and submit this form, along with banking information to the uOttawa Card Service, in person or by email at uOttawaCard@uOttawa.ca.

Note:

You must attach a void check or a document from your financial institution confirming the banking information to this form.

SECTION A – PERSONAL INFORMATION					
LAST NAME		GIVEN NAMES		STUDENT NUMBER	
COMPLETE MAILING ADDRESS (STREET NUMBER AND NAME, PO BOX, APT., ETC.)					
CITY		PROVINCE		EMAIL	
POSTAL CODE		TELEPHONE NUMBER (INCLUDING AREA CODE)			

SECTION B – REFUND REQUESTED	
<i>Please let us know which refund you are requesting.</i>	
Option 1: • Flex	Please complete section C.
Option 2: • Pay-as-you-go meal plan	Please complete section C.
Option 3: • Unlimited 5 day meal plan • Unlimited 7 day meal plan	Select this option if your meal plan was charged along with your residence fees on your student statement of account. Please skip section C.
Option 4: • Unlimited 5 day meal plan • Unlimited 7 day meal plan	Select this option if your meal plan was purchased online with a credit card or in person at the uOttawa Card Service. Please complete section C.

SECTION C – BANKING INFORMATION; ONLY SELECT ONE OPTION	
<i>Banking information can be found on your cheque or can be provided by your financial institution.</i>	
My bank is a Canadian branch (Bank located in Canada)	I have an international bank (my bank is not located in Canada)
Banking information • Name of financial institution: • digit branch number: • 3 digit institution number: • Account number:	Banking information • Name of the bank: • Full address of the bank: • IBAN or account number: • Swift code:

uOttawa Card Service

90 University Private, Room 145, Ottawa ON, K1N 6N5 (Canada)

Tel. : 613-562-5893 • uOttawaCard@uOttawa.ca • www.uOttawa.ca/uOttawacard



SECTION D – SIGNATURE AND CONSENT							
<p>I agree to the refund conditions as indicated in the uOttawa Cardholder Agreement. I understand that refunds are provided to the cardholder and only upon receipt of this form, duly completed. I understand that a \$25 administration fee will be deducted, in addition to any other deductions as per the uOttawa Cardholder Agreement. I acknowledge and understand that with the unlimited 5 day and unlimited 7 day meal plan, each day the plan is active on my uOttawa card represents a day of usage and I remain responsible for the cost of each day the unlimited plan is active. I understand that my prorated refund will be calculated on the date my unlimited meal plan is deactivated on my uOttawa Card. Receipt of refunds by may take up to 15 business days after processing.</p>							
<p>_____</p> <p>SIGNATURE</p>	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 15px;"> </td> <td style="width: 30px; height: 15px;"> </td> <td style="width: 30px; height: 15px;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">YEAR</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> </tr> </table> <p>DATE</p>				YEAR	MONTH	DAY
YEAR	MONTH	DAY					

SECTION E – FOR OFFICE USE ONLY											
DATE FORM RECEIVED ON <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 15px;"> </td> <td style="width: 30px; height: 15px;"> </td> <td style="width: 30px; height: 15px;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">YEAR</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> </tr> </table>				YEAR	MONTH	DAY	RECEIVED BY:	REQUEST APPROVED	REQUEST DENIED		
YEAR	MONTH	DAY									
NOTES:											
1 - UNLIMITED PLAN	MP #:	MP AMOUNT \$:	NUMBER OF DAYS USED	PORTION USED \$:	BALANCE / FEE 1:						
2 - DINING \$	DINING DOLLAR \$		DINING \$ USED:		BALANCE / FEE 2:						
3 - FLEX \$	FLEX \$:		FLEX \$ USED:		BALANCE / FEE 3:						
BALANCE / FEE #1:	BALANCE / FEE #2:		BALANCE / FEE #3:		ADMIN FEE OF :						
REFUND OF \$			FEE APPLIED IN KX OF:								

INVOICE #	INVOICE DATE: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 15px;"> </td> <td style="width: 30px; height: 15px;"> </td> <td style="width: 30px; height: 15px;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">YEAR</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> </tr> </table>				YEAR	MONTH	DAY	VENDOR ID:
YEAR	MONTH	DAY						
FUND 1520	ORG 522001	ACCOUNT 20835	PROG 1300	DESCRIPTION	TOTAL AMOUNT			

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