



Financial Information Systems
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REQUEST TO ISSUE A REFUND

I, _____, request that a refund of a payment made electronically from my checking account to Florida Atlantic University be issued to me for the following reason:

Payment Date: _____

Payment Amount: _____

Address: _____

Phone Number: _____

Email: _____

Order Number: _____
(located on the order confirmation email)

SIGNATURE _____ DATE _____

I hereby affirm that the above information is a true and factual statement. I understand that if my original payment is withdrawn from FAU's bank account subsequent to my receipt of this refund, FAU will, at its discretion, recommend to pursue all collection efforts at its disposal, and/or notify the appropriate credit-reporting and prosecuting authorities.

Please note that it will take about 10 business days to investigate and issue this refund.