

Florida Atlantic University  
Department of Campus Recreation  
Refund Request Form

Member Information

Name: \_\_\_\_\_ Z Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership Type:  Faculty & Staff/Retiree  FAU Alumni  Community Member  Climbing  
 Red Membership  Student  Household Adult  Non-member

Requesting Refund for

Membership  Locker  Pro Shop  Program: \_\_\_\_\_ Other: \_\_\_\_\_

Reason for Refund Request

Overcharged  Membership Classification/Program/Locker/Pro Shop Change  Medical Concern (documents required)

Other: \_\_\_\_\_

Refund is being requested/initiated by Pro Staff: \_\_\_\_\_

Refund Agreement

\_\_\_\_\_ I understand I may not be eligible for a refund based on reason for and timing of cancellation/refund request.

\_\_\_\_\_ I understand I will be contacted if my refund request is denied.

\_\_\_\_\_ I understand if I am eligible for a refund it may take several days for the refund to be posted to my account.

Payroll Deduction Members

\_\_\_\_\_ I understand that it may take more than one payroll cycle for the refund to be credited to my University payroll.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Refund Request Approved: \_\_\_\_\_

Refund Type:  Visa  MC  AMEX  Disc  Payroll Deduct

Refund Processed: \_\_\_\_\_ RecTrac Updated: \_\_\_\_\_ All Receipts Attached: \_\_\_\_\_

Cancellation Also Processed: \_\_\_\_\_

Membership:

Balance at \$0  Cancellation fee assessed  RecTrac Updated  Payroll Contacted (date: \_\_\_\_\_)

Program:

Removed member from program roster  Contacted waitlist member (if applicable)

Refund Request Denied: \_\_\_\_\_

Member contacted: \_\_\_\_\_ Notes: \_\_\_\_\_

Membership Specialist: \_\_\_\_\_ Date: \_\_\_\_\_ Pro Staff: \_\_\_\_\_ Date: \_\_\_\_\_