



PacerCA\$H Close Request

Date _____

Last Name _____ First Name _____ M.I. ____

ID Number _____ Telephone _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____

Current Balance \$ _____.

Reason for Refund:

_____ Officially Withdrew, withdraw date _____

_____ Graduated, graduation date _____

_____ No longer employed with the College

PacerCA\$H Account Policy

- All refunds must be requested in person or in writing to the Business Office and require completion of this form.
- Only account balances of **\$1.00 or greater** are refundable.
- All refunds are subject to the student's account in Accounts Receivable if a balance is owed to the College.
- All refund checks will be mailed to the payee. Please allow 14 days for processing.

Signature _____

Mail or deliver original copy of form to the Peace College Student Accounts Office.

FOR OFFICE USE ONLY

Processed By _____ Date _____