

Card Refund Authorized Signatures

Fiscal Year _____ (List covers one Fiscal Year only)

Date _____

Department _____

Card Name(s) _____

Authorized By _____

Telephone Number _____

The following names and signatures are person(s) authorized to issue card refunds for our department. It is understood that no refund will be issued unless an authorized signature listed below appears on the card. Any person deleted from the list must be reported immediately to the Bursar Office. New lists must be updated with all authorized signatures when a new person is added to the list. A new list must be completed each Fiscal Year.

Print a copy of this form. Fax completed form to East Bank Bursar Fax # 4-0830.

Print Name

Signature
