

Cardholder Refund Request Form

ID number: _____ Date: _____

Name: _____

Mailing Address: _____

Telephone number: _____ Email address: _____

Signature: _____

Refunds will be issued if all SBTS accounts are paid in full. Any refunds will be processed in accordance with the Southern Seminary Accounting Office refund policy.

For Internal Use Only:

Shield Office:

Accounts and Amounts:

Shield Spending _____

Check Request filled out _____ Check Request sent to AR _____

Note: Be sure to include above mailing address, email address, and phone number on check request.

Processed: Initials: _____ Date: _____