College-Bound Student Athletes

Refund Request Form

DIRECTIONS

Please download and complete the form. Once complete, email ec-processing@ncaa.org or fax (317-968-5100) the form to the Eligibility Center for consideration. Please allow up to 10 business days for processing. Click here for the refund policy.

REFUND INFORMATION

Student Name:	NCAA ID: _	
Payable to:	Amount: \$	
Remittance Address:		
City:	State:	Zip:
Transaction Type (Please Check One)	
Credit Card.		
Name on Card:		
Card Type:	Type:Expiration Date:	
Card Number:		
Electronic Check.		
Name on Account:		
Routing Number:	g Number: Account Number:	
Reason for Compensation <i>(Please Cl</i>	neck One)	
Duplicate payment.	Eligible for a fee waiver .	
Incorrect account type selected.	Form must be submitted within 30	days of payment.
After your refund is processed, y	our registration will be updated t	o the account type you select below.
Profile Page Account.	Amateurism-Only Certi	fication account.
Other (please specify):		