

Refund Form

Directions

Please print complete and email this form to ec-processing@ncaa.org or fax to 317-968-5100.

Refund Information

Student Name: _____ NCAA ID: _____

Payable to: _____ Amount: \$ _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Transaction Date: _____

Transaction Type (please select one):

- Credit Card.

Name on Card: _____

Card Type: _____ Expiration Date: _____

Card Number: _____

- Electronic Check.

Name on Account: _____

Routing Number: _____ Account Number: _____

Reason for Compensation (please select one):

- Duplicate Payment.

- Eligible for Fee Waiver.

- Other (please specify): _____

Please allow up to 10 business days for processing.