



ELECTRONIC FUNDS TRANSFER RETURN REQUEST

Student Financial Services

CASS Building

1735 Wahnish Way

Suite 103

Tallahassee, Florida 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famu.edu

Print Full Name: _____, _____ Student ID: _____
(Last) (First)

Student Address: _____
(Street Address) (Apt #)
_____, _____
(City) (State) (Zip Code)

Phone Number: _____ Email Address: _____

PLEASE ANSWER THE FOLLOWING QUESTION BELOW BEFORE COMPLETING THIS REQUEST:

IS YOUR DIRECT DEPOSIT INFORMATION OR MAILING ADDRESS CURRENT? ☐ YES ☐ NO

PLEASE NOTE: If you have a balance on your account, the proceeds from the electronic funds transfer will be applied to the balance in iRattler. Refunds are processed on **Monday** of each week.

EXPLANATION: _____

STUDENT'S SIGNATURE

DATE

Request: ☐ Approved ☐ Denied

AMOUNT: \$ _____

AMOUNT: \$ _____

COMMENTS: _____

ASSISTANT CONTROLLER'S SIGNATURE

DATE

OFFICE USE ONLY>>EFT REVERSED FROM IRATTLER/REFUND PROCESSED IRATTLER<<

DATE: _____ **EFT/CHECK#** _____ **SIGNATURE:** _____

RECEIVED BY: _____ RETURNED DATE: _____ UPDATED: _____ **REVERSED:** _____ **AMOUNT REFUNDED:** \$ _____