

CaféCash

REQUEST TO REFUND CAFECASH BALANCE/ ACCOUNT CLOSURE

I request permanent closure of my CafeCash account and refund of balance. I understand that the CafeCash refund will be processed as a check with a 2-3 week turnaround time. I understand that a printed version of this form, with my original signature (*not a fax or copy*) must be mailed or hand delivered to the ICC Food Services office at the address listed at the bottom of this page, and I must include a copy of my ICC photo ID (*or other photo ID*).

Signature _____ Date _____ ID # _____

Please provide documentation for one of the following reasons: (*Please check one*)
 Graduation/Transferring Employment Termination Academic Withdrawal

Mail Check to: (Please Print in English)

Name:

Street/ Apt:

City/ State/ Zip:

Phone number at above address:

Food Service Staff use only:

CafeCash account refund for \$_____.__ is closed.

Finance department has been sent refund request form.

(Food Service Staff Signature) _____

ICC Food Services* 1 College Drive* East Peoria, IL 61635

Telephone (309) 694-5206* www.icc.edu/foodservices