



# FLEX REFUND REQUEST

Name: \_\_\_\_\_

DU ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that refunds are issued through the Office of Student Billing. Refunds will be transmitted directly to the bank established by the student when setting up a direct deposit transaction or mailed to the Mailing Address established on the student's account.

**Please return form to Pioneer ID Card Office or email to [pcard@du.edu](mailto:pcard@du.edu).**

Please Choose One:

Course Withdrawal: \_\_\_\_\_

Year-End: \_\_\_\_\_

Account Withdrawal: \_\_\_\_\_

Graduation: \_\_\_\_\_

Account Closure: \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

*Refund Amount:* \_\_\_\_\_

*Check Mail Date:* \_\_\_\_\_

*Refund Date:* \_\_\_\_\_

*Banner Document*

*Initials:* \_\_\_\_\_

*Number:* \_\_\_\_\_