



Arkansas State University Express Dollars Cancellation Form

Employee Name _____
 Employee SSN _____ Home Phone _____
 Department/Employer _____ Work Phone _____
 Home Address _____
Street City State Zip

Refund for dependents account:

Student Name _____ Student SSN _____

Please cancel payroll deductions.

In order to be eligible for a refund you must either:

- A. Cease to be an employee/student of Arkansas State University.
- B. Have at least a \$15.00 balance on your account.

Your check will be mailed to the above listed address for the amount equal to your refund unless told by the Campus Card Office to mail to a different address or to hold for pick-up from the Campus Card Office.

I understand that this terminates my Express Dollars Account.

Employee's Signature _____ Date _____

Campus Card Office-Express Dollars Account
PO Box 2100 State University, AR 72467 (870) 910-8220

Authorizing Official _____ Date _____

Amount to be refunded \$ _____ Date Mailed Check _____

Date Payroll Deduction Cancelled _____

Notes: _____