



REQUEST TO CLOSE *GOCARD* DEBIT ACCOUNT

Name: (Please print) _____

Card Number (16 digits): _____

University ID number (9 digits): _____

Refund Address:

All balances below \$25 will not be refunded. A \$25 processing fee will be deducted from your account before the balance is refunded. The University reserves the right to apply balances to charges remaining on the student account.

Signature

Date

**FAX this form to the GOCARD Office (202) 687-2556 or email it to
gocard@georgetown.edu**