

**SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE**

For Office Use only:
Date _____ By _____
Plan #25 _____

**SIUE Cougar Bucks Debit plan
Request for Refund**

Name _____

ID#: _____

CHECK REASON FOR REFUND:

_____ Withdrawn or graduated from SIUE

_____ Entry into armed services for 6 months or more

NOTE: Cougar Bucks amounts of \$5 or less will not be refunded. Refunded Cougar Bucks will first pay toward any outstanding debt owed to the University. If there is no outstanding debt, the Cougar Bucks will be refunded.

Refunds: Direct deposit can be established on CougarNet under Student Account. Students who have not established direct deposit with the Bursar's office will receive a check to the billing address on file. To ensure timely delivery of refunds, please review address information in CougarNet to verify accuracy of information.

Student Signature _____

Date _____

Mail this form to: SIUE
Service Center
Attn: Cougar Bucks Account Refund
Campus Box 1080
Edwardsville, IL 62026

Email this form to: cougarcard@siue.edu

Fax this form to: (618) 650-2081
Attn: Cougar Bucks Account Refund