

**WITHDRAWAL/CLOSE ACCOUNT REQUEST**

Please Print

I, \_\_\_\_\_, SSN \_\_\_\_\_ request the San Juan College Business Office to:

- 1) Review my account and refund any available balance or
- 2) Withdraw \$ \_\_\_\_\_.

The refund check will be:

- 1) Mailed to my current system address or:
- 2) Picked up at the Business Office \_\_\_\_\_ YES

A credit card refund will be credited to:

Credit card number used: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Expected refund reason(s):

CONTACT BUSINESS OFFICE, EDUCATIONAL SERVICES BLDG., FARMINGTON, NM 87402, or 566-3645 with questions

<b><i>FINANCIAL AID OFFICE USE ONLY</i></b>	<b><i>BUSINESS OFFICE USE ONLY</i></b>
Refund to acct: No financial aid remittance required:   Approved _____ Date _____	Request made by: (check one) <input type="checkbox"/> In person <input type="checkbox"/> Departmental request <input type="checkbox"/> Correspondence <input type="checkbox"/> Phone call Received by: _____ Confirmed mailing address? If address change required, card completed? _____  Completed by _____ Date _____ CC/Check # _____  Approved _____ Date _____