University of Central Arkansas
BearCard Center
BearBucks Refund Request Form

Name (Please Print) : ________________________________________________________________

Please check one.

BearCard ID #: ____________________________

UCA Employee  ______
UCA Student  ______

Address: ________________________________________________________________

_____________________________________________________________________________

YES, mail check to above address ____________________________ Phone: ____________________________

(Yes or No) (Please put phone for either choice)

or NO will pick up check, call

Reason for Refund: ________________________________________________________________

_____________________________________________________________________________

Amount on card: ____________________________ -$30.00 = Refund Request Amount: ____________________________

I understand there is a non-refundable $30.00 Refund Authorization Fee for refunding my BearBucks. Also,
I understand it will take at least two weeks to receive my refund in the mail.

Signature : ____________________________ Date: ____________________________

DO NOT WRITE BELOW THIS LINE

Date Check Request Sent: ____________________________

BearCard Staff Signature : ____________________________ Date : ____________________________