Instructions: Complete the entire form. Print form. Sign and Date. Return.

NORTHERN ILLINOIS UNIVERSITY
OneCard ID Services

Huskie Bucks Refund Request

Name: _____

Student ID: _____

Mailing Address: _____

City:_____ State:_____ Zip:_____

Card No. (if available): _____

(Note: All refunds will be sent to your address on file with the University. If a different mailing address is desired, it must be officially changed with Northern Illinois University Records and Registration prior to submitting this request.)

Please check one of the following reasons for your refund request:.

❑ I wish to close my account.

❑ I want to donate my Huskie Bucks to support NIU. Please have a member of the NIU Foundation staff contact me.

Signature: _____ **Date:** _____

Return this form to:

Northern Illinois University
OneCard ID Services
DeKalb, IL 60115-2854

Phone: (815) 753-9569
Fax: (815) 753-9080

For Office Use Only:

Huskie Bucks Account Balance: _____

Amount of Refund: _____

Date processed in OneCard system: _____

Refund Authorized by: _____

Refund Type:

❑ Check Request ❑ Bursar Credit