



Credit Card Refund Request Form

Please complete all fields. This form is valid for one transaction only.

For a refund request complete this form and email to: accounts@texastsa.org

Credit Card Information

Card Type: MC VISA AMEX Last 4 Digits of Card: _ _ _ _

Cardholder Name (as shown on card): _____

Company/School/ISD Name on card: _____

Expiration Date (mm/yy): ____/____ Date of Original Charge: _____

Cardholder Email Address: _____ Phone: _____

School/Co Name On Invoice: _____ Chapter No: _____

Billing Address for Credit Card:

City State ZIP

Invoices to Refund: This form only valid for the 2020 Texas TSA State Conference

_____ for \$ _____ _____ for \$ _____ _____ for \$ _____

_____ for \$ _____ _____ for \$ _____ _____ for \$ _____

Original Charge Receipt #: _____ **Total Refund Requested: \$** _____

Refund Request Detail

Refunds must be requested within 60 days of original charge, unless there are extenuating circumstances, and should be credited within 60 days. A specific reason for the refund must be completed below. Processing fees are not refundable.

Cardholder Signature

Date

Office use only: Received by: ____ Date: ____/____/____ CC processed Date: ____/____/____

Auth No: _____ CVV number : _____ Receipt Emailed: ____/____