



HARVARD
Crimson Cash



REQUEST FOR ACCOUNT CLOSURE

I request permanent closure of my Crimson Cash account and refund of balance. I understand that the Crimson Cash refund request will be processed as a check request through Accounts Payable, with a 2-3 week turnaround time. By signing below, I certify that I am severing my relationship with Harvard University. I understand that a printed version of this form, with my original signature (not a fax or copy) must be mailed or hand-delivered to the Crimson Cash Office at the address listed at the bottom of the page, and that I must include a photocopy of my Harvard ID (or other photo ID).

Signature _____ Date _____

Last 4 digits of Social Security # _____

Harvard ID # _____

Email Address: _____

Reason: (check one) Graduation Employment Termination Academic Withdrawal

Mail check to: (Please Print in English)

Name: _____

Street/Apt: _____

City/State/Zip: _____

Phone: _____

For Crimson Cash Staff Use Only:

\$ _____ *Crimson Cash closure amount*

Signature of Crimson Cash Staff: _____