



# Membership & Other Services Refund/Transfer Request Form

Refund     Transfer     Class Cancelled     Payroll Deduction Cancellation

OFFICE USE ONLY
Date: _____
Time: _____
Init: _____

Use this form to request a refund of an activity, to initiate a transfer between two activities, or to cancel Payroll Deduction. Please CLEARLY PRINT all information. Submitting this form **DOES NOT GUARANTEE A REFUND**. Notification of all refund denials will be sent to the email address provided. Policies are listed on back of this request form

<b>First Name</b>	<b>Last Name</b>	<b>Today's Date (mm/dd/yyyy)</b>	<b>Time (hh:mm am/pm)</b>
<b>Student/Staff ID or Rec card #</b>	<b>EMPL ID#</b>		
<b>Home Address</b>	<b>City, State and ZIP Code</b>		
<b>Email Address (required)</b>			
<b>Daytime Phone Number</b>	<b>Home Phone Number</b>		
(    )	(    )		

### This request applies to:

Membership     Locker     Fitness Pass     BHIP Continuation     Other \_\_\_\_\_

Refund/Transfer out of:			Transfer into (if applicable):		
Membership Code	Expiration Date	Original Cost	Membership Code	Expiration Date	Original Cost
		\$			\$
Membership Code	Expiration Date	Original Cost	Membership Code	Expiration Date	Original Cost
		\$			\$
Membership Code	Expiration Date	Original Cost	Membership Code	Expiration Date	Original Cost
		\$			\$
Total: \$ _____			<input type="checkbox"/> Charge transfer fee	Total: \$ _____	

If transferring, the fee previously paid for Activity #1 will be applied toward Activity #2. Any balance to be paid **MUST be paid when completing this transaction with the cashier**. If there is a balance due to you, the money will be refunded per the refund schedule on the back of this form.

**Method of original payment:**     Check     Cash     Bruin Card     Credit Card     Payroll Deduction  
 VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

(provide first and last four digits of your credit card number): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Exp: \_\_\_\_\_ / \_\_\_\_\_

### Reason for Request (REQUIRED):

---

---

### Refund Schedule:

Refunds for services originally paid with a credit card or Bruin Card normally post within 72 hours of processing. Check, Cash or Online Debit payments are processed through UCLA General Accounting and a check will be mailed to the address above within 4-6 weeks.

***I have read the policies on the back of this form and certify that all information above is correct.***

\_\_\_\_\_  
Signature

↓ Important Information on Back ↓

## Cancellation

Notification of all refund denials will be sent to the email address provided on the front of this form.

### Recreation Membership Refund Policy:

Membership card(s) must be surrendered when submitting a refund request form. No refunds for short-term memberships (less than 12 months). Annual memberships paid up front are refunded for of the following reasons, are subject to a one month cancellation fee and require documentation. Termination of employment, Transfer off-campus; Formal leave of absence and sabbatical; Changes in medical condition resulting in physical imitations. After one year of membership, annual memberships refunded for any reason are subject to a one month cancellation fee if there is no break in membership. Payroll deduction memberships may be cancelled at any time with 30 day written notice. No refunds are issued on Payroll Deduction.

### Fitness Pass:

Fitness pass must be surrendered with the refund request. There are no refunds for quarter passes. Annual Fitness Pass refunds will follow the Membership Refund Policy.

### Lockers

A 50% refund will be given only for the caancellation of an annual locker rental within 6 months of purchase. The locker must be cleared. No refunds will be issued for short-term rentals.

### BHIP Continuation

BHIP paid for by payroll deduction may be cancelled at any time with 30 day written notice. There are no refunds for BHIP Continuation paid up front per quarter or other short-term duration.

---

---

### OFFICE USE ONLY:

APPROVED

DENIED

#### Cancel:

Membership	Yes	No	% REFUND: _____%
BHIP	Yes	No	REFUND AMT: \$_____
Fitpass	Yes	No	AMT OWED: \$_____
Locker	Yes	No	
Household Adult	Yes	No	
Youth	Yes	No	
PFT	Yes	No	

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRD/Check Request Processor Only

Cashier Use Only

PRD Cancelled  Date Cancelled \_\_\_\_\_

Receipt# \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Log# \_\_\_\_\_

PAC # (if applicable): **3730 X** \_\_\_\_\_

Tender:  Credit Card  Petty Cash  Check (send to processor)

### SUBMIT THIS FORM BY EMAIL, FAX, OR IN-PERSON AT THE JWC SALES AND CASHIERING OFFICE:

UCLA RECREATION

INFO@RECREATION.UCLA.EDU

PHONE: 310.206.8373 | FAX: 310.206.2385