

# UCLA Recreation Membership & Other Services Refund/Transfer Request Form

Refund     
  Transfer     
  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 the back of this request form.

First Name	Last Name	Today's Date (mm/dd/yyyy)	Time (hh:mm am/pm)
Student/Staff ID or Rec card #	Email Address (Required)		
Home Address			
City	State	Zip	
Daytime Phone Number ( )	Home Phone Number ( )		

**This request applies to:**

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

Refund/Transfer out of:			Transfer into (if applicable):		
Membership Code	Exp. Date	Original Cost \$	Membership Code	Exp. Date	Original Cost \$
Membership Code	Exp. Date	Original Cost \$	Membership Code	Exp. Date	Original Cost \$
Membership Code	Exp. Date	Original Cost \$	Membership Code	Exp. Date	Original Cost \$
Total: \$ _____			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): \_\_\_\_\_ / X X X X / X X X X / \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

**Reason for Request (REQUIRED):**

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**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 ↓

**UCLA Recreation** **Membership & Other Services** Refund/Transfer Request Form  
**POLICIES for Refunds, Transfers, Credits, Drops & Payroll Deduction 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 sabbaticals; Changes in medical condition resulting in physical limitations. 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 cancellation 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 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

Cancel PRD: \_\_\_\_ Yes \_\_\_\_ No

Cancel membership: \_\_\_\_ Yes \_\_\_\_ No

**% REFUND:** \_\_\_\_\_ %

**REFUND AMT:** \$ \_\_\_\_\_

DENIED

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

**Notes** \_\_\_\_\_

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

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

Refund Item:	Account/Fund/Proj	Original Amount	Less Processing Fee	Refund Amount
1. Gold Passport	266460-66460-GOLD	\$ _____	\$ _____	\$ _____
2. Premier Passport	266460-66460-ALLZON	\$ _____	\$ _____	\$ _____
3. Blue Passport - Kinross	266466-66460-KREC	\$ _____	\$ _____	\$ _____
4. Blue Passport - JWC	266460-66460-CENTER	\$ _____	\$ _____	\$ _____
5. Blue Passport - Sunset	266460-66460-SUNSET	\$ _____	\$ _____	\$ _____
6. Family Membership	266460-66460-_____	\$ _____	\$ _____	\$ _____
7. Locker	266155-66155-_____	\$ _____	\$ _____	\$ _____
8. Fitness/Reformer Pass	266467-66460-FITPAS	\$ _____	\$ _____	\$ _____
9. Parking	680513-66460-_____	\$ _____	\$ _____	\$ _____
10. Other	_____-_____-_____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>				<b>\$ _____</b>

PRD/Check Request Processor Only

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

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

Cashier Use Only

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

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