

## REQUEST FOR UMB ONE CARD ACCOUNT CLOSURE

\*\*\*For students who graduate or withdraw, or employees who separate from the University only\*\*\*

I request permanent closure of my UMB One Card account and a refund of my balance. I understand that refund requests are charged an administrative processing fee of \$10 and will require a minimum remaining balance of \$5 after the processing fee is deducted to be eligible for a refund. Requests are processed through the State of Maryland and you should expect a refund check within approximately 3 weeks. By signing below, I certify that I am closing my UMB One Card account. I understand that a printed version of this form, with my original signature, must be hand-delivered to the UMB One Card office at the address listed on the bottom of the page.

| Signature:                         | Date:/               |
|------------------------------------|----------------------|
| Reason (check one): Graduation Emp | oloyment Termination |
| Mail refund check to:              |                      |
| Name(print):                       |                      |
| Street/Apt:                        |                      |
| City/State/Zip:                    |                      |
| Home Phone:                        | Cell Phone:          |
| Email                              |                      |
| Address:                           |                      |

UMB One Card Office 621 W. Lombard Street, Room004 Baltimore, MD 21201 (410) 706-6943 umb-one@umaryland.edu www.umaryland.edu/onecard