

## **CANCELLATION INSTRUCTIONS**

FOR OFFICE USE ONLY: CSN \_

Complete and submit this application with your Clipper card to cancel your card and receive a refund of any eligible transit cash value and unused transit passes or tickets. Your Clipper card will not be returned to you. Refunds are processed on a case-by-case basis according to the terms of the Clipper Cardholder License Agreement. All card cancellations require a \$5 processing fee. If the balance on your card is less than \$5, Clipper will not process your refund request or charge the \$5 processing fee.

<u>Note</u>: If you are requesting a refund for unused transit passes or tickets that were loaded to your Clipper card in <u>error</u>, cancelling your card is not necessary. Please contact Clipper Customer Service at 877.878.8883 to request a refund without cancelling your card.

- Only registered Clipper cards are eligible for refunds.
- Transit pass refunds are subject to transit agency approval.
- If your Clipper card has been loaded through a transit benefit program, the transit value is ineligible for a refund.
- Refunds will be mailed by check within 30 days of receipt of this form.

Step 1: CLIPPER CARD	SERIAL NUMBER					
Please enter the 10-digit se	erial number (including zeros) p	orinted on the	back of your Clip	pper card.		
Clipper Card Serial Number	er					
Step 2: CARDHOLDER	CONTACT INFORMATION	This informa	ation must mate	ch your card re	gistration information.	
First Name	Mic	dale Initial	Last Name			
Billing Address		Apt #	City	State	Zip Code	
Mailing Address	(if different from billing address)	Apt #	City	State _	Zip Code	
Day Phone	Evening Phone Email Address					
Step 3: REASON FOR C	ANCELLATION					
Please indicate why you are requesting a refund (check all that apply):						
☐ New job	☐ Moving out of the area ☐ Change in transportation needs ☐ Not satisfied with Clipper program ☐ New job ☐ Bad service/transit operator ☐ Other (please explain) ☐ Description  ☐ Descrip					
Step 4: PAYMENT DETAILS AND CREDIT CARD AUTHORIZATION						
Your credit card information is required for payment of the \$5 administrative fee for refund processing. You may also pay the processing fee by including a certified money order with this form, made out to: <u>Cubic Transportation Systems</u> .						
Credit Card Type (check o	one): 🗆 MasterCar	d [	<b>1</b> Visa	□ Discover	☐ American Express	
Credit Card Number		Expiration	Date (MM/YY)	9	Security Code	
billing address for this credi	d to your credit card. Note: Plet t card or bank account. By sigr tropolitan Transportation Comr pay fees as designated.	ning, I indicate	my agreement w	vith the terms and	d conditions stated on this	
Signature	Date					
Step 5: SUBMIT FORM	Be sure to include the Clipper card you want to cancel with this form.					
	<b>MAIL to:</b> Clipper Customer Service, PO Box 318, Concord, CA 94522-0318  If you have any questions about your request, call Clipper Customer Service at 877.878.8883.  Please view the Clipper Privacy Policy at clippercard.com/privacy					