



CLIPPER DEFECTIVE CARD FORM

HOW TO REPORT A DEFECTIVE CARD

If you think your Clipper card is **defective**, complete and submit this form with your Clipper card to get a replacement or refund.

- Your card may be **defective** if 1) you have had it for less than one year and 2) it has no visible damage, such as cracks or punctures.
- If your card is **damaged** or **older than one year**, please contact Clipper Customer Service at 877.878.8883 for assistance. We can replace your card for a \$5 fee.
- If we determine that your card is **not defective or damaged**, we will return it to you. No fee will be charged.

Mail your completed form with your card to the address below. Requests typically take up to five (5) business days to process from the time the request is received.

If you are interested in replacing your card immediately, please call Clipper Customer Service at 877.878.8883 to find out if your card can be replaced at an in-person location.

Step 1: CARDHOLDER CONTACT INFORMATION This information must match your card registration information.

First Name _____ Middle Initial _____ Last Name _____

Billing Address _____ Apt # _____ City _____ State _____ Zip Code _____

Mailing Address _____ Apt # _____ City _____ State _____ Zip Code _____
(if different from billing address)

Day Phone _____ Evening Phone _____ Email Address _____

Step 2: EXPLANATION OF PROBLEM

Please describe problems you have experienced when trying to use your card (such as not being able to successfully tag a card reader). Please print.

Step 3: ACTION REQUEST Select one.

Replace my card and restore my balance.

Do not replace my card; refund balance only.

* Some limitations apply to refunds. Call 877.878.8883 for details.

Step 4: PAYMENT AND AUTHORIZATION

For defective cards, no fees will be charged. However, If your card is damaged, you will be charged \$5 to replace your card (includes balance restoration) or \$5 to refund your Clipper card balance (without card replacement). Authorize payment below.

Credit Card Type (check one): MasterCard Visa Discover American Express

Credit Card Number _____ Expiration Date (MM/YY) _____ Security Code _____

Note: Please make sure that the billing address you provided above matches the billing address for this credit card account.

By signing, I indicate my agreement with the terms and conditions stated on this form and authorize the Metropolitan Transportation Commission or its agent, Cubic Transportation Systems, to transfer funds from the credit card account to pay fees as designated.

Signature _____ Date _____

Step 5: SUBMIT CARD AND FORM Be sure to include your Clipper card with this form.

MAIL to: 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

FOR OFFICE USE ONLY: CSN _____ Date _____ CSR _____ Ref# _____