CUSTOMER REFUND REQUEST FORM

DATE: _____

I, _____, would like to request for the refund of my remaining balance amounting to Php _____ for Easytrip **Account Number -** _____ **with Card Numbe**r_____ due to:

☐ Account Closure/Deactivation (Please specify) _____

☐ Availment of new RFID

☐ Erroneous Reload *(Depending on the available balance)*

☐ Other reasons (Please specify) _____

Kindly deposit the refund to my savings or checking account. I agree to have the service fee of the bank transaction deducted from the total refund amount.

Bank Details:

Bank Account Name_____

Bank Account Number_____

Bank Name/Branch _____

This is to further certify that I am the owner or authorize of the account mentioned above.

_____   _____

Customer's Signature over Printed Name   Mobile Number

_____   _____

Date   E-mail Address

Submitted **Requirements:**

☐ **Photocopy of valid ID**

☐ **Surrendered Easytrip card if applicable**

☐ **Proof of Reload if applicable**

☐ **Tax Identification Number** (TIN)

☐ **Authorization letter or supporting documents if applicable**

Please allow 30 working days for the processing of your refund request.

To be filled out by CSC/POS Personnel:

RECEIVED BY: _____   DATE: _____

LOCATION: _____   BALANCE: Php_____

For ESC Head office Use Only

APPROVED BY: _____   DATE: _____

APPROVED AMOUNT: _____

CAM-FO02/R01/ 15 May, 2023