



Sooner Card Office  
900 Asp Ave, Room 127.  
Norman, OK 73019  
(405) 325-3113

## Sooner Sense Refund Request

This form is to be completed when a cardholder wishes to close their Sooner Sense account. The cardholder must have at least \$100 in his or her Sooner Sense account. If the cardholder has a balance, it will then be refunded to the cardholder and sent to the address listed below. Refund requests will be processed within two to four weeks of request date.

Cardholder Name: \_\_\_\_\_

Sooner ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Account Information

Request Date: \_\_\_\_\_

Sooner Sense Balance: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Sooner Card Department Approval

☐ Approved

☐ Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) Signature

\_\_\_\_\_  
Date