

**CLIPPER® CARD
REFUND REQUEST**



FOR OFFICE USE ONLY

CSN _____ Date _____

CSR _____ Ref. # _____

Complete this form and mail it to the address shown below in order to request a refund of a registered Clipper card with a minimum \$5 e-cash balance. **You must mail your card** to the Clipper Customer Service Center to request a refund of cash value. Requests for refunds for transit passes, tickets and ride books are subject to transit operator approval. Cards that have had value added through a pre-tax or tax-exempt transit benefit program are ineligible for any refunds, regardless of when value was added or whether value was added by other means.

Refunds are processed on a case-by-case basis. To receive a refund, you must pay a \$5 administrative fee for refund processing.

STEP 1: CARD SERIAL NUMBER

Please enter your Clipper card serial number. Your card serial number is printed on the back of your card. Enter all 10 digits, including zeroes.

Card Serial Number: _____

STEP 2: CARDHOLDER CONTACT INFORMATION

**Required*

The Clipper Customer Service Center will only be able to process your request if the information you provide on this form matches the information on record.

*First Name _____ Middle Initial _____ *Last Name _____

*Billing Address _____ Apt. # _____ *City _____ *State _____ *Zip _____

Shipping Address (if different) _____ Apt. # _____ City _____ State _____ Zip _____

*Day Phone (_____) _____ *Evening Phone (_____) _____ *Email _____

STEP 3: EXPLANATION OF REFUND REQUEST

Please indicate why you are requesting a refund. Check all that apply.

- Moving out of the area
- Change in transportation needs
- Bad service/transit operator
- New job
- Card defective; don't want a new card
- Card lost or stolen; don't want a new card
- Program dissatisfaction (please explain) _____
- Other (please explain) _____

There is a \$5 fee to process a card refund. If the balance on your card is less than \$5, your refund request will not be processed.

STEP 4: CREDIT CARD PAYMENT DETAILS AND AUTHORIZATION

Your credit card information is required for payment of the administrative fee for refund processing.

Credit Card Account (check one): MasterCard Visa Discover

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

A total of \$5 will be charged to your credit card. This fee will only be charged if the Clipper Customer Service Center issues a refund to you.

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 FORM

If you are requesting a refund of cash and you have a registered card, mail your completed refund request and your Clipper card to:

**Clipper Customer Service Center
P.O. Box 318
Concord, CA 94522-0318**

The Clipper Customer Service Center will provide refunds by credit/debit card where appropriate and/or check. Clipper will review your request for a refund of Clipper value. Based on your request, Clipper will determine whether any value on your Clipper card is eligible for refund. If eligible, you will receive a refund within 30 days of the date the Clipper Customer Service Center receives your refund request. If you have a question about your request, call the Clipper Customer Service Center at 877.878.8883 (TTY/TDD 711 or 800.735.2929). This form may also be used to request a refund for a TransLink® card.