



Refund Request Form

Name*: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email Address*: _____

**Note: this name and email address MUST be the same as the one used for your CashlessSchool account*

Account Number: _____

Expected Refund: (less \$20 administrative fee): _____

Please mail this form to:

**CashlessSchools
4 - 8431 Granville Street
Vancouver, BC V6P 4Z9**

Your refund will be mailed to you via Canada Post within 2 to 3 weeks.