



Residence Services

DC01, 2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca/residence

Damage Deposit Refund Request Form

Name: _____ Student ID: _____

Unit: _____ Date Vacated: _____

I hereby authorise Residence Services - Family Housing to deposit my damage deposit refund amount into the credit card details provided below:

Name on Card : _____

Signature: _____ Date: _____

For Office Use:

Refund Amount: _____ Verified by: _____ Date: _____

Refund Date: _____ Staff Name : _____ Auth #: _____

Bottom Tear away section shredded on: _____ Initial _____ Initial _____

Tear Here

Card Type: _____ Card Number: _____ - _____ - _____ - _____

Expiry Date: ____/____ Name on Card: _____