



305 Montgomery Street | PO Box 487 | Decorah, IA 52101

**Northeast Iowa Community Action Corporation (NEICAC)
Earl Public Transit
Refund Request Form**

Customer Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Reason for Refund (Check One)

Moved to a new location

No longer need services

Incorrect charge (please specify): _____

Duplicate payment (please specify): _____

Account closure request

Other (please explain): _____

Details of Refund Request

Account Number/Customer ID (if applicable): _____

Date of Service Last Used: _____

Amount Paid for Service: _____

Requested Refund Amount: _____

Refund Method

Refund by check (a check will be mailed to the address provided above)

I certify that the information provided is true and accurate to the best of my knowledge.

Customer Signature: _____

Date: _____