



ePurse Refund Request Form

Name of Original Purchaser

Pin Number **Required**

Name of Person Requesting Refund

Relationship

Address

City

State

Zip Code

Daytime telephone

E-mail Address

Reason for request:

____ Death of account owner *(Provide a copy of death certificate or obituary notice, **not required for spouse. Remaining funds can be deposited in spouse's account**)*

____ No longer using the service because _____

____ Other – Please give details _____

Person/entity check is to be issued:

Name

If person is other than surviving spouse, check will not be issued for 30 days.

The ACCESS program reserves the right to request additional documentation where the refund request exceeds \$20.00 or where otherwise determines that additional documentation is necessary to establish the requestor's entitlement to the refund.

By signing this certification, you are stating that you are entitled to receive the refund being requested and that you agree to indemnify and defend the ACCESS program from any competing claims for the refund and the certification is being executed under penalty of law for unsworn falsification to authorities.

Signature

Date

Centre City Tower | 650 Smithfield Street, Suite 440 | Pittsburgh, PA 15222-3907
Phone (412) 562-5353 | TTY 711 | Fax (412) 391-0594 | MyAccessRide.com