

## UMD Campus Cash Account Error Resolution Request

- ☆ To be eligible to complete this form, today's date must be no more than sixty (60) calendar days since you were either provided the FIRST statement or receipt on which the problem occurred.
- ☆ Upon receipt and review of this form, UMD Business Services may request additional documentation from you to support your initial inquiry or to assist with an investigation into the error.
- ☆ UMD Business Services will determine whether an error occurred and, if so, your account will be credited with the amount of the error within ten (10) business days of your inquiry.
- ☆ If UMD Business Services is unable to determine if an error occurred within ten (10) business days, we may take up to forty-five (45) business days to investigate your inquiry. If the investigation is extended to forty-five (45) days, your account will be credited for the amount you believe is in error so that you have access to the disputed amount during the time it takes us to complete the investigation. If UMD Business Services determines that the amount in question was not an error, the credited amount will be reversed and you may be charged for any amount of the credit used while the investigation was in progress.
- ☆ Errors involving new accounts or point of sales may take up to (90) days to investigate. For new accounts, UMD Business Services may take up to twenty (20) business days to credit your account for the amount you think is in error.
- ☆ You will be notified of the investigation results via email or mail within three (3) business days of the completed investigation. If UMD Business Services determines that there was no error, we will send you a written explanation. You may request copies of the documents used in the investigation. Some documents may not be available for cardholder review due to inclusion of confidential information.
- ☆ Please complete this UMD Campus Cash Error Resolution Request Form below and drop it off at the UMD Cashiers Office or mail it to the attention of Campus Cash Manager at the address listed above.

For office use only:	
Recvd By	Date

### UMD Campus Cash Error Resolution Request Form

<b>Cardholder Information (please print and complete all fields)</b>				
Last Name:	First Name:	MI:	7-Digit Employee/Student ID # (if known):	Date:
E-mail Address:	Phone #	17 Digit Card #		
Street Address:	City:	State:	Zip:	
Type of Transaction (ValuePort, Printing, Parking, Chemistry, etc.)				
Description of error or transaction in question, including location, date, and time of transaction				