CANCELLATION REQUEST FORM
ONECARD & PARKING SERVICE CENTER (OCPSC)
42 W. Warren, Suite 257, Detroit, MI 48202
OneCard Inquires (313) 577-CARD or Parking Inquiries (313) 576-PARK
To request refund: Print, sign, and return to Service Center or email from University email account to ONECARD@WAYNE.EDU

Name:_____________________________________________  Date:_________________________
Mailing Address:____________________________________  ID #:_________________________
City, State, Zip:____________________________________  (9 digits)
Email:_____________________________________________
Contact Number:____________________________________

Affiliation: (Check One)
Student:___________  Faculty/Staff:_______  Other:_____________

Cancellation Request Type: (Check One)
☐ Close OneCard Account (leaving University)
I am leaving Wayne State University and would like to close my OneCard account and have the balance reimbursed to me. I am returning my OneCard along with this form and understand there will be a $10 fee to re-activate my account if I return to the University. I do understand this reimbursement make take up to 4 to 6 weeks to process. Furthermore, I do understand that a refund will only be processed if my balance is over $5 per the OneCard terms and conditions found at ONECARD.WAYNE.EDU.

☐ Parking Permit Cancellation
Reason for cancellation: (Check One) Hang Tag #:__________
No longer taking classes _____  FMLA _____  Relocation _____  Carpooling _____  Other _____
RFID hangtag does not need to be returned to office unless changing to retiree status.
If applicable, my refund will be mailed to the above address. Refunds can not be mailed to a WSU campus address.

Remarks/Comments (use back of form for additional space)
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

Requestor Signature:_______________________________________________

FOR SERVICE CENTER USE ONLY: (attach supporting documents)
Processed by:_________________  Received/Processed Date:______/____/____
Last Deduction Date:______/____/____  Deduction Amount:_____________________
Refund Method: SPA_____  P/R_____  Deduction Period Covers:_________________
Total Refund/Balance:_________________

Comments/Calculations:

Hang Tag Returned: Yes or No
Circle One: 12 Month / 9 Month
Circle One: Plan #1 Plan #2 Plan #3

WSU Representative:__________________________________________