



BASIC Flex

Debit Card Refund Form

COMPLETE THIS FORM AND
MAIL TO

BASIC DEBIT CARD REFUND
9246 PORTAGE INDUSTRIAL DR.
PORTAGE, MI 49024

P 800-444-1922 ext 1
P 269-327-1922 ext 1
F 800-658-7248

Please type or print all information

PARTICIPANT INFORMATION

Employer name: _____

Participant Name: _____

Last 4 digits of social security number: _____

INSTRUCTIONS FOR REFUND

- Complete one form for each refund
- Attach the store/provider receipt (if available)
- Make check payable to your employer for the refund amount
- Mail the form and check to BASIC
- BASIC will credit your account for the ineligible or undocumented purchase
- Suspended cards will be reactivated within 5 days of receiving refund
- Balance, card status & pending receipts may be viewed at www.basiconline.com

REASON FOR REFUND

- Lost receipt
- Complete purchase was ineligible
- Partial purchase was ineligible

REFUND INFORMATION

Date of purchase: _____

Store/Provider name: _____

Total amount of original purchase: _____

Refund amount: _____

ADDITIONAL COMMENTS

SIGNATURE

Employee Signature: _____

Date: _____