

UNIVERSITY of HOUSTON

Auxiliary Services
4810 Calhoun Rd, Ste 101
Houston, TX 77204-5013
832.842.9053

EMPLOYEE ACCOUNT CLOSE REQUEST

Name (Last, First, MI): _____

PeopleSoft ID#: _____

Account Type:

_____ Cougar Cash (Refundable Only Upon Separation from the University)

_____ Meal Plan (Non-Refundable)

Reason: _____

I hereby request that the above indicated accounts be closed, and that the remaining Cougar Cash balance, if any, be refunded to me via direct deposit. I understand that payment cannot be made until I complete the Accounts Payable Information in PASS. I also understand that the refund process takes approximately 4-8 weeks to complete.

Signature: _____ Date: _____

For Office Use Only

Date of Account Revoke/Closure: _____

Remaining Cougar Cash Balance: \$ _____

Auxiliary Services Approval: _____

End Date of Payroll Deduction: _____

HR Service Center Approval: _____

Refund Amount: \$ _____

Date of Refund Processing: _____

Business Services Approval: _____