

I ask for payment of balance of my CampusCard

My name:
(first name and family name)

My address: (We need this information to contact you if problems arise in context of payment / transfer of balance)

Street, number:

Postcode: City:

E-Mail:

The number of my card (see card front, top left):

The balance of the multifunction card shall be paid out, as: *(tick where applicable)*

I have paid the money, but the balance has not been booked to the card.*

Where do you have paid the money? Which amount? Euro

Date and hour of your payment What is the indicated card balance? Euro

(We need this information in order to check your notice.)

*** In this case you do not need to send your CampusCard to Studierendenwerk!**

the card cannot be used anymore. *(Because, for example, the card is defective, your name has changed or you do not study or work anymore at the University of Kassel ...)*

the card is lost.

My bank data:

IBAN: BIC:

.....
(Date and signature)

Please send back this form, duly filled in together with the above mentioned CampusCard (only if the card cannot be used anymore or is defective) in a prepaid envelope to:

Studierendenwerk Kassel
Hauptverwaltung
Postfach 103660
34036 Kassel