

**Corporation for National and Community Service
National Service Trust Fund Refund**

Institution Name: _____

Institution TIN: _____ (do not use spaces or dashes)

Institution Address:

Street: _____ **City:** _____

State: **Zip Code:** _____

Telephone: _____ **Extension:** _____

E-mail Address: _____

Student Name: _____

Student SSN: _____ (do not use spaces or dashes)

What was the purpose of the original payment resulting in the overpayment?

Refund Amount

ACH **Credit Card**

Comments:

Questions? Call the Trust at 1-888-507-5962