

Tompkins Trust Company – LockBox Credit Card Refund Form

Date: _____

Unit: _____ (Department name/PO Box number)

Contact Information:

Name: _____ email: _____

Telephone: _____

Mandatory Information- note: the required information is available on Merchant Connect (Elavon reporting tool)

Approval Code: _____

Credit Card Number (**first four/last four ONLY**): _____

Original Transaction Amount: _____

Date of Original Transaction: _____

Amount to be Refunded: _____

Please remit this form to Lockbox@Tompkinstrust.com

To be completed by Lockbox

Date request received: _____

Refund processed date: _____

Lockbox representative performing refund: _____

Comments: _____

