

# 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](mailto:Lockbox@Tompkinstrust.com)

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**To be completed by Lockbox**

Date request received: \_\_\_\_\_

Refund processed date: \_\_\_\_\_

Lockbox representative performing refund: \_\_\_\_\_

Comments: \_\_\_\_\_

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