



Fee Refund Form

This form is to provide members with the opportunity to request a refund for fees charged to their account for services provided. Please complete this form and return by fax to 765-284-2542, drop off at any Thrive location or mail to: 4501 S. Delaware Dr. Muncie, IN 47302.

We will review your request and if a refund is appropriate given the circumstances, we will credit your account and notify you.

Member Name

Member Account Number

I am requesting the following fee(s) to be refunded on my Thrive checking account.

_____ Overdraft/Courtesy Pay Fee
_____ Overdraft Transfer Fee
_____ Return Mail Fee

_____ Other Fee
_____ Dormant Fee

Date of fees charged:

Total amount of fees:

Please explain the reason(s) for this refund request.

Member Signature

For Office Use Only

Received by: _____ Date: _____

_____ Approved _____ Denied

Approving Employee: _____