



**BASIC Flex**

**Debit Card Refund Form**

COMPLETE THIS FORM AND  
MAIL TO

BASIC DEBIT CARD REFUND  
9246 PORTAGE INDUSTRIAL DR.  
PORTAGE, MI 49024

P 800-444-1922 ext 1  
P 269-327-1922 ext 1  
F 800-658-7248

*Please type or print all information*

**PARTICIPANT INFORMATION**

Employer name:

Participant Name:

Last 4 digits of social security number:

**INSTRUCTIONS FOR REFUND**

- Complete one form for each refund
- Attach the store/provider receipt (if available)
- Make check payable to your employer for the refund amount
- Mail the form and check to BASIC
- BASIC will credit your account for the ineligible or undocumented purchase
- Suspended cards will be reactivated within 5 days of receiving refund
- Balance, card status & pending receipts may be viewed at [www.basiconline.com](http://www.basiconline.com)

**REASON FOR REFUND**

Lost receipt

Complete purchase was ineligible

Partial purchase was ineligible

**REFUND INFORMATION**

Date of purchase:

Store/Provider name:

Total amount of original purchase:

Refund amount:

**ADDITIONAL COMMENTS**

**SIGNATURE**

Employee Signature:

Date: