

External Partner Program Refund Request Form

Revision 1

Applicant/Project Information Contact Person Agency or Company Name Public Agency **Company Address** Adjacency Phone Number Email **Transaction Details Project Name EPPA Number** Amount Paid Borough **Payment Method** Date of Transaction Transaction ID **Refund Justification**

Signature

Date

The information provided in this form will be used to initiate a review of supporting documentation for consideration of a refund for money previously received by the MTA External Partner Program. Send this completed form to EPP@mtacd.org. Please note, if refund is approved MTA reserves the right to withhold the administrative fees. Please expect a response between 7 to 10 business days from the date of your submission. All refunds will be credited to the original payment method. Once approved, a refund may take 10 business days to reflect on your account.

For EPP Use Only -DO NOT WRITE BELOW THIS LINE

Date Received
Date of Determination
Approved Yes No
Reviewed by

Reason for Decision