



CHARGEBACK FORM

I, _____ give permission to credit the following member(s) of
(Must be President or Treasurer)

_____ organization.

Student name(s): _____

Student ID(s): _____

Amount(s) to be credited: _____

Term: _____

Explanation: _____

I understand that the organization will be assessed a \$10.00 service charge for each transaction.

President / Treasurer signature: _____

Date: _____

Please complete this form (including explanation) and return to:

greek.life@dartmouth.edu 603.646.2399

The Office of Greek Life | HB 6196 | Dartmouth College | Robinson 313 | Hanover | NH | 03755