

RECREATION CENTERS OF SUN CITY, INC.

10626 W Thunderbird Blvd, Sun City, AZ 85351
Phone (623) 561-4603 | Email: members@suncityaz.org

REQUEST FOR REFUND

Instructions:

1. Attach a copy of the cardholder's death certificate, if applicable.
2. All refunds are subject to RCSC Corporate Bylaws.
3. All Requests for refunds must be received by RCSC within the deadlines defined in RCSC Corporate Bylaws:

- a) Within 3 years of the transaction for sale or acquisition transactions, or
- b) Within 3 years of the last transaction for Preservation & Improvement Fee refunds, or
- c) Within 3 years of the death of the cardholder.

Property Address _____

RCSC Cardholders:

Name _____ RCSC Number _____ Expires _____

Name _____ RCSC Number _____ Expires _____

Name _____ RCSC Number _____ Expires _____

Refund For:

<input type="checkbox"/> Annual Property Assessment	<input type="checkbox"/> Date of Death ¹ _____	or	Date of Sale _____
<input type="checkbox"/> Preservation & Improvement Fee	<input type="checkbox"/> Date of Acquisition / Inheritance _____	New RCSC# _____	
Capital Improvement Fee	Property Address _____		
<input type="checkbox"/> Golf Pass	<input type="checkbox"/> Date of Death ¹ _____	or	Date of Injury _____
Advance deposit	\$ _____		
<input type="checkbox"/> Privilege Card	<input type="checkbox"/> Date of Acquisition _____	Property Address _____	
	<input type="checkbox"/> Date of Death ¹ _____		

Request for Direct Deposit

Bank Name _____ Routing# _____ Account# _____

Send Refund To:

Name _____

In Care Of
(Optional) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Requested By _____ Signed _____ Date _____
(Print)