Returning Funds to AmeriCorps

1. **Funds have not been posted to student’s account**

   Email uh-treasury@lists.hawaii.edu and request the ACH remittance be returned. A reason for the return should also be included.

2. **Funds have been posted to student's account**

   The recommended method to return funds is through https://www.pay.gov/public/form/start/3702423

   Campus
   Post the return on student’s TSAAREV using detail code AMFR.

   Complete the **Payee Information** section of the form: https://www.pay.gov/public/form/preview/pdf/3702423

   Email for to Bursar’s Office uh-bursar@lists.hawaii.edu

   Bursar
   Complete **Institution Information** section

   Forward receipt confirmation to campus and uh-treasury@lists.hawaii.edu

   Treasury
   When funds are received, email a copy of the remittance advice to Bursar and campus.
This form is used to return funds that were issued by the National Service Trust related to a Segal AmeriCorps Education Award. Use of this form to make any other kind of payment to the Corporation for National and Community Service could possibly delay the accurate posting of your payment. If you have questions about how to use this form, please contact the National Service Hotline at 1-800-942-2677 or visit https://questions.nationalservice.gov/app/ask.

**Institution Information**

* Institution Name: 
* Tax ID Number/EIN: 
* Point of Contact: 
* Title: 
* Office/Department: 
* Telephone Number: 
* Email: 

Occasionally, CNCS must contact the payer for more information about a payment. If the person making this payment is not knowledgeable about the reason for this payment, please provide contact information for someone who is knowledgeable about this payment.

Name: 
Telephone Number: 
Email: 

**Payee Information**

Please complete a separate form for each repayment

* Full Name Of Individual Whose Education Award Or Interest Payment Is Being Refunded: 
* Amount of Repayment: 

Please select one ID Number Type and enter the information in the ID Number field.

* ID Number Type: ○ Last 5 Digits of SSN ○ Full NSPID 
* ID Number: 

* Reason for Original Payment: 
* Term/Year Payment Represents: 
Original Payment Amount (if known): 

Comments, if any: 