

# TICKET REFUND/CLAIM FORM

PRA USE ONLY

\*\*\*\*\* PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY \*\*\*\*\*

☐ **TICKET REFUND** PLEASE FILL IN SECTIONS A AND B ONLY ☐ **TICKET CLAIM** PLEASE FILL IN SECTIONS A, B, C AND D

I hereby certify that I am the original purchaser of the below described ticket(s). Application for refund is made with the full knowledge that it would be a violation of law for me to obtain a refund on the whole or any part of the ticket(s) on which passage has been obtained whether or not the ticket(s) has (have) been validated to indicate use.

## A. PERSONAL INFORMATION

CUSTOMER'S NAME			DAY PHONE ( ) -	EVENING PHONE ( ) -
HOME ADDRESS			E-MAIL ADDRESS	
CITY	STATE	ZIP CODE	TODAY'S DATE / /	

## B. REASON FOR RETURN/CLAIM

BRIEFLY DESCRIBE THE CIRCUMSTANCES.

CUSTOMER'S SIGNATURE	DATE SIGNED / /
----------------------	--------------------

## C. ETIX INFORMATION

ETIX ACCOUNT ID ETIX EMAIL ADDRESS

## D. TICKET INFORMATION

DATE PURCHASED / /	TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	STATIONS PRINTED ON TICKET FROM: TO:	
TICKET TYPE <input type="checkbox"/> ROUND-TRIP <input type="checkbox"/> PEAK <input type="checkbox"/> SENIOR / DISABLED / MEDICARE <input type="checkbox"/> WEEKLY COMMUTATION <input type="checkbox"/> METROCARD Value \$ _____ <input type="checkbox"/> ONE-WAY <input type="checkbox"/> OFF-PEAK <input type="checkbox"/> TEN-TRIP <input type="checkbox"/> MONTHLY COMMUTATION			

## E. PURCHASE INFORMATION (Claim Only)

PURCHASED FROM	
<input type="checkbox"/> TICKET SELLER	GIVE NAME, DESCRIPTION, WINDOW NUMBER OR LOCATION at STATION NAME
<input type="checkbox"/> TICKET VENDING MACHINE #	at STATION NAME <input type="checkbox"/> ON-BOARD CONDUCTOR
PAYMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> TRANSITCHEK <input type="checkbox"/> EVIDENCE OF PURCHASE? <input type="checkbox"/> YES (Please attach) <input type="checkbox"/> NO <input type="checkbox"/> CREDIT* <input type="checkbox"/> DEBIT* * Please fill in the first six and last four digits of your credit card number -	
AMOUNT PAID: \$	CHANGE RECEIVED: \$
AMOUNT OF CLAIM \$	

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

ORIGINAL FORM TAKEN BY	EMPLOYEE ID NO.	DATE TAKEN / /	AMOUNT OF REFUND/CLAIM \$
REMARKS			
<input type="checkbox"/> CLAIM APPROVED	<input type="checkbox"/> CLAIM DISAPPROVED	AUTHORIZED BY	DATE / /

**TICKET SELLER: PLEASE ENTER TICKET INFORMATION AND STAPLE TICKET(S) HERE**

TICKET TYPE	TICKET NUMBER	TOM/TVM NO.	TICKET DATE	PAYMENT METHOD (Check one for each ticket submitted)
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT

**TICKET AGENT'S STAMP HERE**

TIME: \_\_\_\_\_

**PLEASE READ THE FOLLOWING INSTRUCTIONS TO ENSURE A PROMPT INVESTIGATION AND RESOLUTION OF YOUR REFUND/CLAIM.**

---

One way, Round-Trip, and Ten Trip tickets are refundable within two (2) years from the Valid thru date printed on the ticket. For all other tickets please refer to <http://web.mta.info/mnr/html/fares.htm#c1>. There will be a per transaction service charge for a refund of unused or partially used tickets of ten dollars (\$10.00).

***IF YOU ARE RETURNING UNUSED TICKETS FOR A REFUND:***

- Please complete sections A and B *ONLY*.
- Give the completed form, along with your tickets, to the ticket seller at any Metro-North station.
- If you prefer to submit your form and tickets by mail, please send them to:

**MTA Metro-North Railroad  
Ticket Redemption  
P.O. Box 4117  
New York, New York 10163**

Tickets originally purchased with a credit card or a debit card will be refunded to your credit or debit card account. Tickets purchased with cash or personal checks will be refunded by check.

You should receive your refund in approximately two to three weeks. If you have any questions regarding your refund, please call the Customer Service Center during regular business hours at **511 or 877-690-5114 outside New York State**.

***IF YOU BELIEVE AN ERROR WAS MADE IN PROCESSING A TICKET PURCHASE AT A TICKET VENDING MACHINE OR TICKET OFFICE, AND ARE FILING A CLAIM:***

- Please complete section A, B, C, and D.
- Attach any documentation of your purchase (receipts, credit card statements, etc.)
- Return the completed form and documentation to the ticket seller at any Metro-North station.
- If you prefer to submit your claim by mail, please send it to:

**MTA Metro-North Railroad  
Customer Service Center  
Grand Central Terminal  
89 East 42nd Street  
New York, New York 10163**

We will contact you regarding your claim within two to three weeks. If you have any questions, please call the Customer Service Center during regular business hours at **511 or 877-690-5114 outside New York State**.