CONCORDIA UNIVERSITY CHICAGO
1864

Student Business Services Fax # 708-209-3176

STUDENT REFUND FORM

STUDENT NAME: _____ DATE: _____

STUDENT BANNER ID # H ___ ___ ___ ___ ___ ___ ___ ___

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE_____ ZIP_____

By signing below you are acknowledging that you are only requesting the specific amount stated in "Amount to be Refunded" and are requesting that any remaining credit balance, if any, remain on the account to be applied toward future tuition and/or fee charges. You also acknowledge that in the event the amount requested exceeds the credit balance available at the time of the request, the refund will not be issued until 14 days after the amount requested is available.

Forms must be submitted no later than the end of business day on Fridays to receive a check on the following Friday, if funds are available. Checks will be available on that Friday after 2pm at the Cashier's desk. Checks that are direct deposited shall generally be credited to the account provided on that Friday.

Please indicate if you want your refund check direct deposited, mailed to address above, or picked-up at the Student Business Service Office.

Please put a √ in the blank of your choice

Direct Deposit_____ (√) **Pick Up_____ (√)** **Mail_____ (√)**

(For Direct Deposit Only)

Bank Name _____

Bank Account #

Bank Routing #

(For Direct Deposit only)

Checking_____ **(√)** Savings_____ **(√)**

I understand that I am responsible to check with my selected banking facility to determine that they will receive direct deposit refund funds for my account, and that I am responsible for any bank charges made to my account for this service by my bank. It is my responsibility to ensure the accuracy of the bank information indicated above. I further understand that it is my responsibility to notify Concordia University in writing of any changes to the information above, and to provide a reasonable amount of time for the changes to be made. My failure to do so may result in a delay of my refund. If a direct deposit transaction is rejected for any reason, I understand that a refund will be re-issued by check unless I provide updated account information in writing. Finally, I understand that the University reserves the right in all cases to issue a refund in the form of a check.

Amount to Be Refunded: $_____

**** A specific amount must be entered for processing – please refer to your Banner Web account for this information.****

This student refund check is being provided to you based upon your student tuition account balance at the time of issuance of this check. There may be other expenses that are assessed to your account after this date, i.e. bookstore voucher purchases, phone bills, parking tickets, additional tuition, financial aid returned due to drop of a class, etc.

YOU WILL BE RESPONSIBLE FOR THOSE CHARGES AT THAT TIME.

Date this refund will be available for issuance: _____

(Determined by Business Services Representative)

This is the date in which your refund check may be picked up or the date in which it will be mailed to you.

**Student Signature*:_____

Business ServicesRepresentative:_____

White Copy	**Yellow Copy**	**Pink Copy**
Student Business Services	Student	Accounting