

Student ID # _____ Name _____

CATAWBA
COLLEGE



STUDENT ACCOUNT CREDIT AUTHORIZATION

Catawba College Business Office is hereby authorized to retain any excess funds (from overpayment and/or Financial Aid) on my student account. I understand that I may revoke this authorization and request a refund from any available credit on my account at any time. I understand that if there are any funds due to Catawba on my account before the refund is processed, those charges will be deducted from the credit on my student account. If additional charges exceed my current credit balance, I understand there will NOT be a credit to refund.

Student Name _____ Student ID # _____

Student's Signature _____ Date _____

PLEASE CHECK ONLY ONE

Desired Time to Expire:

(Please allow 7-14 business days after selected timeframe to be issued a refund check. All checks will be mailed to the primary address on file within 14 days of issuance unless picked up in the Business Office.)

End of semester _____

End of School Year _____

Until no longer an active student (e.g. Graduate)

Student Accounts Receivable