

# STUDENT ACCOUNT OVERPAYMENT FORM

## STUDENT INFORMATION

Regent ID	Given Name	Middle Name	Surname
Email Address	Phone Number		

Please note that all credit balances will be refunded as cheques. If you have a credit balance and do not submit this form, funds will remain on your student account to be applied to future courses or until you direct us otherwise.

☐ **Please issue a refund cheque for the overpayment on my student account.**

The cheque will be issued in Canadian funds and held at Student Services for pick-up unless you indicate one or both of the following:

☐ I would like the cheque payable in US funds.

☐ I would like my refund mailed directly to the following address:

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☐ **I want to help other students. Please transfer my gift of \$\_\_\_\_\_ from my student account to:**

☐ student aid

☐ library books

☐ other: \_\_\_\_\_

(Please note that gifts designated for specific students are not tax receiptable)

## ADDITIONAL INFORMATION OR SPECIAL HANDLING

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Please allow up to 4 weeks to process refund requests.

Signature of Student

Date

## FOR OFFICE USE ONLY

### Comments:

Attach a printout of student's account \$ _____	Gift transfer batch # AR	Cheque date & number	Processed by
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