

REFUND CHECK REQUEST FORM
FINANCIAL AID OVERAGE/OVERPAYMENT
Direct Deposit /Mailed to preferred address on file

MUST RETURN THIS FORM TO CASHIERS & RECORDS OFFICE NO LATER THAN THE 1st DAY OF THE QUARTER OR AS SOON AS YOUR ADDRESS HAS CHANGED

I wish to have my overage check: Mailed* Direct Deposited ** STARTING QTR: YEAR:

(PLEASE PRINT) LAST NAME	FIRST NAME	MI	ID #	LAST 4 SSN

ADDRESS	CITY	STATE	ZIP

*Will be mailed to the preferred address on file or a change of address form must be filled out and return to the Cashiers & Records office no later than the first day of the quarter.

***FOR DIRECT DEPOSIT ONLY

I AUTHORIZE HOCKING COLLEGE TO DIRECT DEPOSIT MY OVERAGE CHECK TO:

FINANCIAL INSTITUTION:	
ADDRESS:	

FOR CREDIT TO MY ACCOUNT.
THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL CANCELLED BY ME IN WRITING.

THE ACCOUNT IS CARRIED AS LISTED BELOW:

BANK ROUTING NUMBER:		ACCOUNT NUMBER:	
-----------------------------	--	------------------------	--

ACCOUNT TYPE: CHECKING- A VOIDED CHECK MUST BE ATTACHED***
 SAVINGS - A LETTER ON BANK STATIONERY INDICATING NAME, ACCOUNT NUMBER, AND ROUTING NUMBER MUST BE ATTACHED***

***Request will not be processed if voided check (Checking Account) or letter from bank (for Savings Account) is not attached.

STUDENT SIGNATURE (REQUIRED TO PROCESS THIS REQUEST)	DATE
---	-------------

Date Received:	Date Processed:	INITIALS:
----------------	-----------------	-----------