Office Use:
Active: _____

BIOLA UNIVERSITY
STUDENT ACCOUNT REFUND REQUEST

Name _____ ID # _____

Refund amount requested: $ _____ Phone #_____

Student's Signature_____ Address _____

Date _____ _____

Please note:
*Credit balances resulting from payments made by check require 10 business days to clear before funds are available for refund.
*Credit balances resulting from a credit card payment must be refunded to the same credit card account unless 30 days has passed from the date of payment.

TYPE OF REFUND : _____ Check _____ Credit Card _____ Direct Deposit

Additional notes _____

Check:
_____ Please hold for pick-up _____ Mail check to off campus address above

Credit card:
***Refunds to credit card can only be made on a card that was used to make a payment on your student account.**

Account number: ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____

Expiration date: _____ / _____ (month and year)

Direct Deposit : Please note that if you select direct deposit, **ALL** future refunds must also be processed as direct deposit.

Please indicate the status of your bank account information:

____ My bank account information is on file with Biola's Accounts Payable Department (Accounts Payable will need your bank info even if you are on direct deposit through Payroll, as AP is a separate department. Thank you!)

____ New bank account: Please complete the information below and ***attach a voided check or direct deposit form from the bank (Required)***.

____ Change in bank account information. Please complete bank information below and ***attach a voided check or direct deposit form from the bank (Required)***.

Financial Institution _____ Branch (city) _____

Routing (ABA)# ____ ____ ____ ____ - ____ ____ ____ ____ - ____ Account # _____

Type of account: ____ Checking ____ Savings

I hereby authorize Biola University to initiate deposits (credits) and/or corrections to the financial institution(s) as indicated above. The financial institution is authorized to credit and/or correct the amount to my account. This authority is to remain in effect until revoked by me or by Biola University.

Bank Account Holder's Signature _____ Date _____

>>> Please notify the Junior Accountant at x. 5071 if you close this bank account. <<<

Mailing address for deposit confirmation: _____
(Required)
_____