Student Refund Form

CONCORDIA UNIVERSITY CHICAGO
1864

Name: | H Number: | Date:

CUC Email: | Cell phone:

Address: | City: | State: | Zip:

Type of refund: *If you have a credit balance, please consider donating to the Student Assistance Fund.*

- ☐ Full credit balance
- ☐ Full credit balance, less a donation to the Student Assistance Fund
  Donation amount: _____
- ☐ Partial credit balance, plus a donation to the Student Assistance Fund
  Refund amount: _____
  Donation amount: _____

Refund Method: ☐ Direct Deposit (fill in account info below) ☐ Pick Up at Student Business Services Office ☐ Mail to Above Address

This form must be submitted no later than the end of business day Friday to receive a check the following Friday, if funds are available. Checks will be available for pick up after 2 p.m. at the Cashier's desk. Direct deposits will generally be credited to the account on the same day that paper checks are available for pick up.

DIRECT DEPOSIT ACCOUNT INFORMATION (for direct deposit only)

Please deposit the credit balance specified above into the following account:

Name of Bank | City | State

Account Type: ☐ Checking ☐ Savings

Bank Transit Routing Number (must be 9 digits): _____

Account Number (amount of digits vary): _____

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 Chicago 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.

By signing below I acknowledge that I agree to receive either the refund amount specified above or the full credit balance on my account. If additional credit balance remains on the account after this request is processed, I agree for the remaining credit balance to be applied toward future tuition and/or fee charges. I also agree to complete and submit a new refund request form for each refund request as this form will only be processed one time.

>> Student Signature: | **Date:**

IMPORTANT NOTE! **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, and financial aid returned due to drop of a class, etc.**
YOU WILL BE RESPONSIBLE FOR THOSE CHARGES AT THAT TIME.

SUBMIT COMPLETED FORM TO CUC STUDENT BUSINESS SERVICES

Fax 708-488-4293 | Email: refunds@cuchicago.edu

NOTE: Emailed requests must come from a valid CUC email account in order to be processed.

OFFICE USE ONLY

Date received: | Date refund issued to student: | SBS Representative: