

REFUND REQUEST

Please note that an overpayment from financial aid will be refunded through the financial aid refund process, so this form does not need to be completed. Refund processing time will take approximately two to three weeks. If you are not participating in Direct Deposit and wish to have your refund directly deposited into your account, please complete a Direct Deposit Bank Authorization form and submit it with this Refund Request form.

Date of request _____ Year and semester refund occurred _____
 Fall Spring Summer

Name (Check is made payable to the student)

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last	First	MI	Student ID Number						

Mailing address (Address where refund is to be mailed)

_____	_____
Name	Home or Cell
_____	_____
Street	Work Telephone
_____	_____
City	State Zip

Refunds resulting from payment made by a credit card must be applied to the credit card account. Please provide this information if your payment was made by credit card.

<input type="checkbox"/> Visa	_____	_____
	Credit card number	Expiration date
<input type="checkbox"/> Mastercard	_____	_____
<input type="checkbox"/> Discover	_____	_____
<input type="checkbox"/> American Express	_____	_____
	Cardholder's name	Cardholder's telephone number
Reason for refund _____		

Student's Signature _____ Date _____

Return completed form to: Student Accounting Department
 P.O. Box 843036
 827 West Franklin Street, Room 123
 Richmond, VA, 23284-3036
 (804) 828-2228 Telephone
 (804) 828-5463 Fax

For student accounting use only	
Date paid _____	Amount _____
Computations	
Amount of refund: _____	Refund calculated by: _____