

Hold Credit Balance or Request Refund

| STUDENT INFORMATION | |
|---------------------------|---------------|
| Southeast ID #: <u>SO</u> | |
| Student Name: | Phone Number: |

Complete either Section A or B

A) HOLD CREDIT BALANCE

I request any credit balance to be held on my Southeast student account.

- Any interest earned by the University on credit balance funds will **not** be credited to my account.
- I may rescind this request and authorization at any time by providing written, dated documentation to the University (submitted to Student Financial Services).
- If no end date is indicated, this request and authorization remains in effect until the date the University receives dated documentation officially rescinding this request and authorization.

Start Date: _____

End Date: _____

| B) REFUND CREDIT BALANCE | | |
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| In requesting a refund of a credit balance, I understand Southeast's refund policy published in the University's Schedule of Classes, Bulletin, and on the Student Financial Services' website at semo.edu/sfs. PLEASE NOTE: | | |
| Refunds can be delayed for payment made by personal check or Web (ACH) payment. | | |
| Refunds are normally issued within a three-week period following receipt of the request. | | |
| Reason for Refund | | |
| Financial Aid has applied to my account, and I wish to have the credit balance (if any) refunded to me. | | |
| I have withdrawn from the University, with an effective date of | | |
| Other: | | |
| Method of Refund I wish to have my refund directly deposited to my account. A direct deposit authorization must be on file with the university. | | |
| I wish to have my refund mailed. I understand that for security, the permanent address on file with the University will be used as the mailing address. | | |
| SIGNATURE | | |
| I am authorizing Student Financial Services to process my credit as indicated above. | | |
| Student Signature Date | <u> </u> | |

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