



Last Name (print): _____ First Name: _____

If you wish your credit balance to stay on your account, please complete this form and return it to the Student Accounts Office. By signing, your funds will be held through the 2009-2010 academic year.

I give permission for North Central University to retain any credit balance on my account through the dates specified above. I understand that all allowable and/or authorized charges incurred will be deducted from this balance.

Please Initial

I understand my balances will be held through the end of the academic year.

Signature

Date

NCU ID#

** Any Title IV Federal Financial Aid must be returned in the form of a check by the end of the academic year. If you would like these funds to remain on your student account you must receive the check and endorse it back to North Central to be applied as a payment on your student account.*

This portion is to be filled out under the condition that you would like to receive a portion or all of your credit balance.

I would like to:

(Select One):

- Request my entire balance.
- Request ***only***: \$ _____ .
- Request ***all*** but \$ _____ .
(This amount may pertain to rent or future charges)

NCU will issue a refund check within 14 days of the check request.

OFFICE USE ONLY:

Completed by: _____

Date: _____

Signature

Date

