REFUND REQUEST

Please note that an overpayment from financial aid will be refunded through the financial aid refund process. This form does not need to be completed, if you receive financial aid. Refund processing time may 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, you may enroll in Direct Deposit through eServices. New Direct Deposit Authorizations will be verified with your bank and this process may take approximately one week. Students receiving refunds in the interim may receive the refund as a mailed paper check.

Date of request		Year and se	Year and semester refund occurre		ner Year
Name	e (Check is made payable to the stu	dent)			
Last		First	MI	Student V Number	
Mailir	ng Address (Address where refund	is to be mailed)			
Name				Home or Cell	
Street				Work Telephone	
City		State Zip)		
	 Important Information: In accordance with credit card regulations, the university will refund the credit card account with any balance that may result on a student's account as the outcome of a credit card payment. The remaining credit balance, if any, may be refunded to the student. In order to issue a refund to the address on this form, the student must have an active permanent mail address in the student system/eServices. Refunds generated from a check payment are held for a minimum of twenty-one days from the date the check payment was received. 				naining t mailing-
Student*	's Signature			Date	
Return completed form to: Student Accounting Department			For Studer	nt Accounting use onl	у
	1015 Floyd Ave., first f Box 843036 Richmond, VA 23		Date paid _	Amount	paid

Computations:

Amount of refund: \$ _____

Refund calculated by: _

Strategic Enrollment Management and Student Success

Box 843036 Richmond, VA 23284-3036 stuacctg@vcu.edu Email

> (804) 828-2228 Telephone (804) 828-5463 Fax