

STUDENT ACCOUNTS REFUND REQUEST

Student Name _____ Date _____

Student ID # _____ Email _____

Amount Requested \$ _____

How would you like your refund payment delivered?

Direct Deposit

- If this is your first direct deposit for a refund or other accounts payable payment please fill out the [Accounts Payable Direct Deposit Form](#)
- If your bank information is already on file with the Payroll Office for work study, you may send an email from your St. Olaf email account to tuition@stolaf.edu to authorize us to use the information on file with Payroll for your refund payment.
- If you have previously received direct deposit for a refund or Accounts Payable payment, we will use the direct deposit information on file.

Check

Pick-up

Mail (please note: we cannot place checks in Student PO Boxes)

Make Checks payable to:

Name _____

Address _____

City _____ State _____ Zip _____

Refund Payment Policy:

Refund payments will only be paid to students with a credit on their account. Students who need a refund payment must complete the Refund Request Form and return it to the Student Accounting Office by **Tuesday at 3:00 PM**. Checks will be made out to the student and will be available for pick-up after 12:00 PM the following Friday, unless otherwise indicated. Student signatures are required for checks; therefore refund requests will **not** be taken over the phone, but can be taken via an official St. Olaf email account.

Signature _____ Date _____