

OHIO VALLEY UNIVERSITY

REFUND REQUEST

STUDENT NAME: _____ CONTACT #: _____

CHECK ONE OF THE FOLLOWING:

Request Full Refund: Request Partial Refund of: of \$ _____

CHECK ONE OF THE FOLLOWING:

1) Direct Deposit (if checked, fill out below) 3) Check (picked up in business office)

2) Check (mailed)

Address (If check is to be mailed)

I hereby authorize and request Ohio Valley University (OVU) to refund the amount requested above, after all applicable deductions for tuition, fees and other debts due to OVU have been covered by my financial aid.

If, during subsequent evaluations, the Financial Aid Office or the Third Party Sponsor determines my financial need or eligibility has changed, I may be required to repay all or a portion of awards credited to my account and/or funds transferred to my checking or savings account. Failure to repay these funds could result in financial holds being placed on all of my academic records.

I agree to notify OVU immediately, in writing, of any changes to information pertaining to my checking or savings account or to terminate this authorization. I also understand that I should notify the Registrar's office at OVU of any changes of address. Improper notification may result in a delay in processing my refund.

STUDENT SIGNATURE

DATE

OVU BUSINESS OFFICE APPROVAL

DATE

*** Request must be received by Tuesday at noon in order to receive funds on Friday**

Direct Deposit will only be initiated upon proper completion of 'Request for Draft on Student Account' form.

Bank Name: _____

Type of Account: Checking Savings

Routing # : _____ Account #: _____