



## CREDIT BALANCE FORM

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Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Academic Year: \_\_\_\_\_

*All credit balance checks will be made payable to the student and will be mailed to your legal home permanent address on file unless you notify us otherwise.*

\_\_\_\_\_ **Hold my check.** I would like my credit balance check held in the Business Office for pick up. I realize that I need to bring my student id or another picture id in order for my check to be released to me.

\_\_\_\_\_ **Campus Box.** I would like my credit balance check sent to my Campus Box. My campus box number is \_\_\_\_\_.

\_\_\_\_\_ **Please make the credit balance check payable to the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date