



XAVIER UNIVERSITY OF LA

Student Refund Request Form

STOP!!!! Direct Deposit is Required for REFUNDS. IF you do not have a Direct Deposit on File, a **REFUND WILL NOT BE PROCESSED.**

Please print clearly and return to the Office of Student Accounts, located at Xavier South, Room 300-B. This form can also be faxed to 504-520-7987.

Reminder: Always contact the Office of Student Accounts for the Refund Schedule (504-520-7667). Faxes received after the cut off period will not be processed until the next refund cycle.

STUDENT NAME _____ XUID# _____

DAYTIME PHONE _____ EMAIL _____

How much are you requesting? (Enter amount) _____

Do you have a Direct Deposit on file with the Office of Student Accounts? _____ If not, please submit the Direct Deposit Refund Form along with your voided check and Refund Request Form to the Office of Student Accounts.

I authorize XAVIER UNIVERSITY OF LA to process my credit balance as a refund.

STUDENT'S SIGNATURE _____ DATE _____

Office of Student Account Use Only

EMPLOYEE'S SIGNATURE _____ DATE _____

Date & Time Received _____ Initials _____
(fax or walk-in)

Processing Date & Time _____ Is there a Credit Balance? _____ Initials _____

Refund Cut Off Date & Time _____ Disbursement Date _____