



**XAVIER UNIVERSITY OF LOUISIANA**  
**Office of Fiscal Services**  
**Student Accounts Department**  
**Student Refund Request Form**

**STOP!!!!** Direct Deposit is the most convenient method to receive a refund.  
IF you do not have Direct Deposit information on File, a **paper check will be mailed to the billing address.**

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 or emailed to [stuacct@xula.edu](mailto:stuacct@xula.edu).

**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'S NAME \_\_\_\_\_ ID# \_\_\_\_\_

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 LOUISIANA to process my credit balance as a refund.**

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Office of Student Account's Department 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 \_\_\_\_\_