REFUND REQUEST FORM

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

Student Accounts Office

Date: _____ Semester:_____

☐ Check this box if your GWeb Student Account *e*Bill has refunds set up for a direct deposit to your bank account
☐ Check this box if you choose to have your refund sent via a paper check to the address below
☐ Check if you have direct deposit set up but desire this refund be sent via paper check to the address below

To set up direct deposit, log into Student Account eBill in GWeb and go to My Profiles to set up a bank account and indicate this is for refunds

I understand that this refund may not include all adjustments to the account. Any adjustments will be made by subsequent billing or supplemental refund. I also understand that the refund will be mailed to the address below if I do not set up direct deposit in Student Account *e*Bill and that refunds are not available for pickup. Additionally, I understand that it may take up to 3 business days for a direct deposit or up to 14 days for my refund check to arrive. *All Fields Required

Student ID: *

Student Name: *

Phone Number: *

Local/Home	Cell	Work
- -	- -	- -

At least one phone number required

☐ Please check if you are a Post 9/11 or Yellow Ribbon Program Participant
☐ Check this box if the address below is only for this refund request
☐ Check if you choose to decline the Voluntary Library Gift

By Signing Below, I authorize The George Washington University to apply Title IV Federal funds credited to my account to all charges, if applicable, including balances from prior semesters, before a refund is issued.

Student Signature:_____Date:_____

FILL OUT THIS SECTION FOR PAPER CHECKS ONLY ***(Not needed for direct deposit)***

Payee Current Information: _____
PLEASE WRITE CLEARLY (Payee Name)

*_____ *_____/_____
(Street Number) (Street Name) (Apt, Floor, Suite, Room)

*_____*_____*_____
(City) (State) (Zip Code)

SAO Use Only Address Verified by:
_____ **(Initial)**
_____ **(Date)**

Credit Balance	$	
Less Credit to be transferred to a future semester	$	To _____Semester
DO NOT WRITE BELOW – SAO USE ONLY		
Less Financial Aid Adjustment	$	
Total Refund Due	$	

Received by: _____

800 21St Street, N.W. Ground Floor Washington, D.C. 20052
Phone: 202-994-7350 Fax: 703-726-1099 e-mail: refunds@gwu.edu

Revised March/2012