

Overpayment Authorization Form Academic Year 2017-2018

This is authorization for UW-Superior to apply financial aid, or student checks that are not direct-credited to my tuition and fees without my signature on the checks. The form may also grant authority to apply credit balances to balance owing from previous term. Any overpayment will be processed through the students refund preference. Refunding information is found at <https://www.uwsuper.edu/bursar/payment/refunds.cfm>

Name: _____ Student ID # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature Required: _____ Date: _____

Check which term(s) you would like this form to apply:

Fall

Spring

Summer

Return this form to:
UW-Superior
Attn: Cashier
P.O. Box 2000
Superior, WI 54880
Email uwscashier@uwsuper.edu

For Office Use Only

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____