

## 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 a previous term or future 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: \_\_\_\_\_

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

Fall                  J-Term                  Spring                  Summer

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

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### For Office Use Only

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_