

**Overpayment Authorization Form  
Academic Year 2016-2017**

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  
Fax: 715-394-8107  
Email [uwscashier@uwsuper.edu](mailto: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: \_\_\_\_\_