

**Overpayment Authorization Form
Academic Year 2018-2019**

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**

For Office Use Only

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____

Refund amount: _____ Date: _____