

**Overpayment Authorization Form
Academic Year 2019-2020**

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 within the same academic year. Any overpayment will be processed through direct deposit or paper check mailed to the address in EHIVE. Additional 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: _____