

Overpayment Authorization Form Academic Year 2025-2026

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/paying-for-college/bursars-office/payment-refunds/>

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: _____