Student Refund Authorization American Rescue Plan

Student Financial Services

2500 E. Nutwood Ave.
Fullerton, CA 92831
(714) 879-3901 x2202
FAX (714) 681-7421

A Student Refund Authorization form will be completed and kept on file. Once all financial aid has posted to your student account, all fees have been covered, and a credit has been established, you will need to contact your Student Financial Services Counselor directly to request your refund. Your refund will automatically be processed according to the refund method you have selected below.

Student Name: _____

HIU ID #: _____ Phone #: _____

Important Information to know regarding your refund:

- Students will be responsible for any balances due to adding or dropping courses after a refund has been processed.
- Book advances will no longer be available once your credit has been refunded to you.
- If there is a credit on your student account at the end of the academic year, the Student Financial Services Department will automatically process your refund based on the method of delivery chosen below.
- Refunds will be processed within 7-10 business days once a credit has been established and you have emailed your counselor requesting your refund.
- You will receive an email notification once your refund has been processed.

Method of Delivery: ❑ Direct Deposit in checking account (***Account and routing number must be typed.***)

Name on Bank Account: _____

Bank Name: _____

Account #: | | | | | | | | | | | | | | | | | | | | |

Routing #: | | | | | | | | | |

❑ Check (*Please note: this method requires additional processing time*)

Name: _____

Address: _____

_____

I understand that providing inaccurate, incomplete, or illegible bank account and/or routing information can result in a delay in receiving my funds, inability to deposit these funds, or the potential of funds being deposited into the wrong account, and release Hope International University of any liability should this occur.

This information will be used for the duration of your enrollment. It is the student's responsibility to notify the Student Financial Services Department in writing of any requested changes to the method of delivery or change to bank account information.

Student Signature: _____ Date_____

For Office Use Only

Refund Amount Approved: _____

Cashier Signature:_____

Date scheduled to be processed:_____

Supervisor Approval: _____