



**2009-2010
Credit Balance Authorization**

I authorize Anna Maria College to take the following action regarding the credit balance on my student account. ***Please check only one option.*** This credit may be a result of Title IV Federal Funds and /or state financial aid payments or tuition overpayments.

I understand that I have the right to modify or rescind this authorization for any reason and at any time.

Maintain Credit _____

I am requesting that the excess may be used to cover various charges throughout the academic year, i.e., books, parking tickets, damage charges, etc.

Refund Credit _____

I am requesting the excess monies in my tuition account be refunded to me. I understand that in the event of a refund, 14 business days after disbursement a check will be issued. I understand that no further action is required by me.

Student Name (please print)

Student ID Number

Student Signature

Date

- If you choose to modify or rescind a Credit Balance Authorization, please send your request in writing to:

**Anna Maria College
Office of Business Affairs
50 Sunset Lane
Paxton, MA 01612**

- Direct questions regarding your Financial Aid package should be directed to the Office of Financial Aid at 508-849-3366 between 8:30 and 4:30, Monday through Friday.

**Office of Business Affairs 50 Sunset Lane Box R Paxton, MA 01612-1198
508-849-3425**