

WALDEN UNIVERSITY

Authorization for Credit Balance to Remain on Account

I, _____, authorize Walden University to retain my credit balance generated from a payment made by credit card/check/money order (please circle payment method). I understand that all credits will be retained for the duration of the 2011-2012 academic year.

The authorization may be terminated upon written request, by the student, to the Bursar's Office. If you would like to request a refund of your credit balance, please submit an email to refund@waldenu.edu. Please note our office will refund your available credit balance in its entirety. Your credit balance will be returned to you through your original method of payment within 5 business days from your request.

If you have any further questions or concerns, please contact the Bursar's Office at (800)925-3368 or by email at refund@waldenu.edu.

**Please make a copy of this letter for your files
Mail or fax original form to:**

**Walden University
ATTEN: BURSAR'S OFFICE
650 S. EXETER STREET
BALTIMORE, MD 21202
FAX (410) 209-8029**

Please fill out and sign the written consent below:

Signature

Social Security Number/Student ID

Date

FOR INTEROFFICE USE ONLY	
Date Received_____	Refund Request Date_____
Payment Date_____	Refund Amount_____
Payment Method_____	Payment Amount_____
Refund Process Date_____	Check/Credit Card