

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 2018-2019 academic year, which will conclude on August 31st 2019.

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@mail.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)444-6795 or by email at refund@mail.waldenu.edu.

This form is to be used by non financial aid recipients only

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

**Walden University
ATTN: BURSAR'S OFFICE
Bank of America
15297 Collections Center Drive,
Chicago, Illinois 60693 USA
FAX (410) 209-8029
refund@mail.waldenu.edu**

Please fill out and sign the written consent below:

Signature

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 _____