

158 East Main Street Henderson, TN 38340 Email: finaid@fhu.edu / Fax: 731-989-6775

Request for Credit Balance on Student Account

Signature Date
By signing, the student agrees on the acknowledgment of and compliance to all above.
The student agrees that any balance above the amount owed that is available to be withdrawn and remains on his or her account for 1 year, without any activity, may be removed by the University if any discounts or unfunded aid provided by the University created the positive balance.
Authorization Form. This refund request must be submitted each semester a refund is requested.
be in by Friday at 5:00pm for a direct deposit to be processed on the following Friday. All paperwork for refund requests may be emailed to finaid@fhu.edu or faxed to 731- 989-6775. Refunds are direct deposited so you must also complete a Direct Deposit
Funds will not be available for release until at least one week after the drop-add date of the student's sixth hour of courses, no exceptions. The refund request must
Print Last Name:
Print Middle Name:
Print First Name:
Semester and year of request:
OR note specific amount requested:
For full credit, check here:



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Student Refund Direct Deposit Authorization Agreement

I authorize Freed-Hardeman University and the fir electronically direct deposit into my:		
□ Checking	<u>Sei</u>	mester and year of Agreement
☐ Savings Account		
Bank Name		
City	State	Zip Code
Routing Number		
Account Number		
This form will lose legitimacy at the end of each semester new Request for Credit Balance form, will need to be a deposit. A copy of this Student Refund Direct Deposit Aut Hardeman University, upon request, to All students, new and/or returning, requesting a direct deposit confirmation of routing and account number from their with this form. Freed-Hardeman University will recogniformation as valid until the end of each semester. If written confirmation of routing and account number then incorrect information Funds will not be available for release until at least one whour of courses, no By signing, the student agrees on the acknowled *Student may attach a voided check in the shades.	completed f the above f posit refund chosen fina gnize the af- the student of Freed-Har on provided. veek after the exceptions. dgment of a	For any future student refund direct Agreement will be provided by Freed-financial institution. I may deliver a voided check or written incial institution each academic year forementioned financial institution does not provide a voided check or ideman University is not liable for any the drop-add date of the student's sixth and compliance to all above.
STUDENT NAME (PLEASE PRINT)		
		DATE
SIGNATURE		