

Check Request Form

By completing the following form, you are requesting that a credit balance on your student account be sent to you by mail in the form of check. All checks will be made payable to the student and will be sent to the address on file unless an updated address is provided below. Prior to completing this form, please first consult Self-Service to ensure that the student account reports a credit in the "Balance Due" section. A credit balance is indicated by parentheses.

<u>Please Note</u>: Any credit from anticipated financial aid <u>cannot</u> be issued via check until all awards have been received and student eligibility has been verified by the Office of Financial Aid. Additionally, credit balances must be first applied towards decreasing the balance of an active Nelnet payment plan.

Or	nly one check i	request is allowed p	per semester.	
Student Nam Student ID Number Date of Reque Telephone Number Amount Requeste	er: st: er:			
Program Enrollment:	College	Seminary	Advanced Degree	Other/NA
		•	ary on the student account. check mailed to a different ac	ddress.
Mailing Address:				
Please return completed form to the		udent Signature Services Office eit	her in person, through mail.	or by email. Our
email address is <u>accountingservices@</u> form for the request to be processed a	<u>sebts.edu</u> . Al	so, please allow u	p to one week from the date	you submit your
	Accounting	Services Office Us	se Only	
Approved By:	_		Address Changed:	
Current Balance:				
Final Balance:	Che	ck Amount:		