## Wesleyan University Student Accounts Office 237 High Street Middletown, CT 06459

<u>student-accounts@wesleyan.edu</u> Phone (860) 685-3080

Fax (860) 685-4669

## **Request for Credit Balance Withdrawal from Account**

No "pending credit" on the account will be released. Credits created by the advance posting of the TMS monthly payment plan will not be refunded until the plan is paid in full for the semester. Payments to non U.S. citizens may be subject to NRS federal income tax withholding.

Processing of this request may take up to three weeks.

Amount \$	Wes ID	#	Class yr
Pay To (Pay	yee):(student or parent/guardian as li:	stad in your student portfolio)	
	udent) have direct deposit set u ou state you have direct deposit but d		
Address:	If there is no direct deposit or if	the payee is not the student, s	pecify payee's mailing address:
Payee's Pho	ne Number:		
Reason: □ (Check one)	Overpayment □ On-Leave or □ Withdrawn	] Loan credit □ Other	
Student Nan	me		
Signature			
Date Signed			
******	***********	**************************************	***********
Date Process	sed	Approver:_	
Approved A	mount	V #:	
Check Run	Date	Pavment Me	thod: