

Student Signature

## **REFUND REQUEST FORM**

Refund requests are subject to funding source assessment and require 2-3 weeks for processing after being submitted to Student Accounts. Any changes generated as a result of course enrollment during processing, may use any credit on the account. Refunds are issued through direct deposit back to the student.

1. To be completed by student - Personal Information							
Date: Student Number:	Student Name:						
OCADU Email:	Phone Number:						
Degree status:							
2. To be completed by student - Funding Source and term credit							
I have received funding from: (select all that apply)							
<ul> <li>Award/Scholarship/Bursary</li> </ul>	e term credit I am requesting is: ther Term or more than one term:						
3. To be completed by student - Refund Information (ple	ease select one)						
<ul> <li>I have received a direct deposit from OCAD University prior and my financial institution information is on file.</li> <li>I have received a direct deposit from OCAD University prior and I wish to update my financial institution information is on file.</li> <li>Complete the Non-Payroll Direct Deposit Agreement on page 2 and include a void cheque or bank deposit letter.</li> <li>The Finance office does not have my financial institution information on file for a direct deposit. Complete the Non-Payroll Direct Deposit Agreement on page 2 and include a void cheque or bank deposit letter.</li> <li>I am an international student and I do not have a Canadian bank account. I require my refund to be sent through a international direct deposit. Online Beneficiary Instruction Form will be sent to your OCADU email by our authorized refund partner, PayMyTuition: studentrefunds@paymytuition.com</li> </ul>							
4. To be completed by student - Student Authorization							
the Graduate Studies office(s). A submitted refund reques	sment and the approval of the Finance, the Financial Aid & Awards and/or st does not always result in a full or partial credit refund to the student. as course enrollment within the applicable term and/or academic year. low:						
<ul> <li>Service Centre (NSLSC) to be applied against your outs further assistance at FinancialA@ocadu.ca</li> <li>Recipients of an award/scholarship and/or bursary mastudents, contact the Financial Aid &amp; Awards office for office for further assistance at gradstudies@ocadu.ca</li> </ul>	portion of their credit balance remitted back to the National Student Loans tanding student loan balance. Contact the Financial Aid & Awards office for y have all or a portion of their credit balance rescinded. For undergraduate further assistance. For graduate students contact the Graduate Studies anditions of their sponsor and will be notified of any credit balances for urther assistance at studentaccounts@ocadu.ca						
submit and/or complete the necessary documents for an Outstanding approved refunds will remain on hold for tw	in delays beyond the estimated processing times. Should a student fail to electronic fund transfer, an approved refund request can not be processed. It is weeks until the student provides the required financial institution applied back to the student's financial account as a credit. The student						
I have read and understood the statements above. En	nail completed form to studentaccounts@ocadu.ca						

Date



## FACULTY/STAFF/STUDENT NON-PAYROLL (A/P) DIRECT DEPOSIT AGREEMENT

PAYEE INFORMATION									
Name:									
ivaiiie.	First		Middle		Last		OCAD ID Number		
Address:									
Street Address					Apartment/Unit/Suite #				
	City		Ī	Province		Postal Code			
Telephone: OCAD U E-mail:					1:				
ACCOUNT INFORMATION									
Please attach a void cheque* with the following information:									
Name of Fina	ancial Ins	stitution:							
Account Type	e: C	 Chequing	Saving	Other	Specify Type	of Account:			
Account Number: Transit			sit Number: _		Bank Institut	ion Number:			
*If a void cheque is not available, please provide a <b>direct deposit form</b> from your financial institution.									
AUTHORIZATION AGREEMENT									
I hereby authorize OCAD University to initiate automatic deposits into my account at the financial institution below.									
Further, I agree not to hold OCAD University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution when depositing my funds to my account.									
This agreement will remain in effect until OCAD University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.									
I understand that my banking information is not shared between HRIS/Payroll and Finance. As such, all updates required must be submitted to both departments.									
Signature					Date				
2.51.41416									