

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

I have received funding from: (select all that apply)

- Student Loan (ie. OSAP)
- Award/Scholarship/Bursary
- I have not received funding
- Sponsorship

3. To be completed by student - Refund Information (please select one)

- I have received a direct deposit from OCAD University prior and my financial institution information is on file.
- I have received a direct deposit from OCAD University prior and I wish to **update** my financial institution information is on file. **Complete the Non-Payroll Direct Deposit Agreement on page 2 and include a void cheque or bank deposit letter.**
- 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.**
- 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**

4. To be completed by student - Student Authorization

All refund requests are subjected to funding source assessment and the approval of the Finance, the Financial Aid & Awards and/or the Graduate Studies office(s). A submitted refund request does not always result in a full or partial credit refund to the student. Various factors may affect the approval of a refund such as course enrollment within the applicable term and/or academic year. Which may result in but not restricted to the following below:

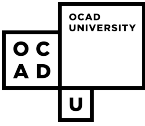
- Students that received OSAP funding may have all or a portion of their credit balance remitted back to the National Student Loans Service Centre (NSLSC) to be applied against your outstanding student loan balance. Contact the Financial Aid & Awards office for further assistance at FinancialA@ocadu.ca
- Recipients of an award/scholarship and/or bursary may have all or a portion of their credit balance rescinded. For undergraduate students, contact the Financial Aid & Awards office for further assistance. For graduate students contact the Graduate Studies office for further assistance at gradstudies@ocadu.ca
- Sponsored students are subjected to the terms and conditions of their sponsor and will be notified of any credit balances for further review. Please contact Student Accounts for further assistance at studentaccounts@ocadu.ca

If a submitted refund request is incomplete, it may result in delays beyond the estimated processing times. Should a student fail to submit and/or complete the necessary documents for an electronic fund transfer, an approved refund request can not be processed. Outstanding approved refunds will remain on hold for two weeks until the student provides the required financial institution information. After two weeks, the approved refund will be applied back to the student's financial account as a credit. The student will be required to submit new refund request for review.

- I have read and understood the statements above. Email completed form to studentaccount@ocadu.ca

Student Signature

Date



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

PAYEE INFORMATION

Name: _____
First Middle Last OCAD ID Number

Address: _____
Street Address Apartment/Unit/Suite #

_____ *City Province Postal Code*

Telephone: _____ OCAD U E-mail: _____

ACCOUNT INFORMATION

Please attach a void cheque* with the following information:

Name of Financial Institution: _____

Account Type: Chequing Saving Other Specify Type of Account: _____

Account Number: _____ Transit Number: _____ Bank Institution Number: _____

*If a void cheque is not available, please provide a **direct deposit form** 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