

# WALDEN UNIVERSITY

## Authorization for Credit Balance to Remain on Account

I, \_\_\_\_\_, authorize Walden University to retain my credit balance generated from a payment made by credit card/check/money order (please circle payment method). I understand that all credits will be retained for the duration of the 2015-2016 academic year, which will conclude on August 31<sup>st</sup> 2016.

The authorization may be terminated upon written request, by the student, to the Bursar's Office. If you would like to request a refund of your credit balance, please submit an email to [refund@waldenu.edu](mailto:refund@waldenu.edu). Please note our office will refund your available credit balance in its entirety. Your credit balance will be returned to you through your original method of payment within 5 business days from your request.

If you have any further questions or concerns, please contact the Bursar's Office at (800)925-3368 or by email at [refund@waldenu.edu](mailto:refund@waldenu.edu).

*\*This form is to be used by non financial aid recipients only\**

**Please make a copy of this letter for your files  
Mail or fax original form to:**

**Walden University  
ATTEN: BURSAR'S OFFICE  
650 S. EXETER STREET  
BALTIMORE, MD 21202  
FAX (410) 209-8029**

**Please fill out and sign the written consent below:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Student ID**

\_\_\_\_\_  
**Date**

<b>FOR INTEROFFICE USE ONLY</b>	
Date Received _____	Refund Request Date _____
Payment Date _____	Refund Amount _____
Payment Method _____	Payment Amount _____
Refund Process Date _____	Check/Credit Card _____