

## REFUND REQUEST FORM

Refund requests may be processed by completing the information below. A refund will be issued only when a credit balance exists due to financial aid, loans or other payments made in excess of tuition and fee charges. Refund requests are reviewed by the Business Office and if a refund is authorized, it will be processed within 10 to 14 days of the Title IV funds disbursing to your account or within two weeks of the receipt of the refund request form.

When a student receives their refund depends on the refund method they have selected using their Benedictine University BankMobile Account (formerly Higher One's MyOne Money Card). If you haven't already selected a refund method using Higher One's MyOne Money Card, a Refund Selection Kit from BankMobile will be mailed to the student's home address on file with Benedictine University. Once the student has received their Refund Selection Kit in the bright **GREEN** envelope (shown below), the student must login using their enclosed Personal Code (ex. ABCD-1234-5678). **You MUST make a choice for your preferred method of receiving the refund (electronic transfer to another bank of your choice, or BankMobile debit card).** If you did not receive a Refund Selection Kit, please call the Business Office at (630) 829-6503 to request a new kit and personal code. To learn more, visit [www.RefundSelection.com](http://www.RefundSelection.com). Please note, if you had previously selected a refund preference via HigherOne, no further action is required to activate your BankMobile Account.



### **FORM MUST BE COMPLETED TO BE PROCESSED**

If form is not filled out completely, refund will not be processed. Refund checks are NOT be available for pick up on campus.

**To be completed by person requesting refund:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REFUND SELECTION KIT RECEIVED YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Making Request**

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

Business Office Rep:

\*\*\*\*\*WHEN REQUEST IS BEING FILLED OUT VIA PHONE, PLEASE SIGN YOUR NAME \*\*\*\*\*

Return this form to: Benedictine University  
Business Office  
5700 College Road  
Lisle, IL 60532  
Or Fax To: (630) 829-6501

Or Email To: [SAR@ben.edu](mailto:SAR@ben.edu) from Benedictine Email Account Only