



**Authorization for Credit Balance to Remain on Account**

I, \_\_\_\_\_, authorize Aultman College of Nursing and Health Sciences to retain my credit balance generated from a payment made by credit card/check/money order/loan/grant (please circle payment method). I would like to retain this credit balance for the period of \_\_\_\_\_ (example, fall semester 2009, 09-10 academic year, spring semester 2010, etc.).

This 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 [jloretto@aultmancollege.org](mailto:jloretto@aultmancollege.org). Please note our office will refund your available credit balance in its entirety unless a specific refund amount is indicated in writing. Your credit balance will be returned to you by check within 14 business days from the date of the request.

If you have any questions or concerns, please contact the Billing Office at (330) 363-2834 or by email at [jloretto@aultmancollege.org](mailto:jloretto@aultmancollege.org).

**\*Please note that credit balances generated solely by Aultman institutional loans and/or institutional grants are not eligible for refund to the student. In this instance, credit balances may be cancelled by requesting, in writing, a reduction of the amount of your Aultman Loan.**

**PLEASE MAKE A COPY OF THIS LETTER FOR YOUR FILES  
MAIL OR FAX ORIGINAL TO:**

Aultman College of Nursing and Health Sciences  
 ATTN: Billing  
 2600 Sixth St SW  
 Canton, OH 44710  
 FAX (330) 580-6654

Please fill out and sign the written consent below:

Signature \_\_\_\_\_

Social Security Number/Student ID \_\_\_\_\_

Date \_\_\_\_\_

<i>FOR INTEROFFICE USE ONLY</i>	
Date Received _____	Refund Request Date _____
Payment Date _____	Refund Amount _____
Payment Method _____	Refund Process Date _____
Pavment Amount _____	