be mailed to the billing address .	
•	of Student Accounts, located at Xavier South, 504-520-7987 or emailed to stuaccts@xula.edu .
Reminder: Always contact the Office of Student Accounts for the Refund Schedule (504-520-7667). Faxes received after the cut off period will not be processed until the next refund cycle.	
STUDENT · 6NAME	ID#
DAYTIME PHONE	_ EMAIL
How much are you requesting? (Enter amount)	
Do you have a Direct Deposit on file with the Office of Student Accounts? ——— if not, please submit the Direct Deposit Refund Form along with your voided check Request Form to the Office of Student Accounts.	
I authorize XAVIER UNIVERSITY OF L crefund.	OUISIANA to process my credit balance as a
678'(17·6 6,*1\$7 <u>85(</u>	DATE
Office of Student Account V 'HSDUWWReHOQIWV	
(03/2<((.6 6,*1\$7 <u>85(</u>	DATE
Date & Time Received	Initials
Processing Date & Time	is there a Credit Balance? Initials

Refund Cut Off Date & Time _____ Disbursement Date _____