

**AUTHORIZATION TO MAINTAIN
CREDIT BALANCE ON STUDENT ACCOUNT**

I, _____, on _____,
authorize Viterbo University to maintain any credit balance which exists in my student
account. No refund of this credit balance will be provided to me as long as this
authorization remains in effect.

I may rescind this authorization at any time by notifying the Business Office and signing
the bottom portion of this authorization form. Once the authorization is rescinded,
Viterbo University will provide any refund due me within the time period required by the
U.S. Department of Education.

Student Signature

Student Number

Local Address

Local Phone Number

Authorization rescinded on _____

Student Signature

Business Office