

Student/Parent Refund Request Form

Student Name: _____ ID# _____

Phone #: _____ Amount of Refund _____

I give my approval for Gettysburg College to refund the amount requested above to:

_____ Me

_____ My Parent Name: _____

I wish to receive my refund via:

_____ **Paper Check**

Please send my check to:

_____ Home

_____ Campus Box # _____

I wish to receive my refund via:

_____ **Direct Deposit***

*Set up is required. See instructions on the web at

Direct Deposit Refunds **cannot** be made to multiple bank accounts or to an International bank account.

I understand that in order to receive my refund via Direct Deposit I must enter my information in the Self Service area of the Student Center. If the banking information entered is invalid, I will receive a paper check from Gettysburg College within 10 business days of the return notice being received from the bank. I may also incur a \$15 charge to cover the fees charged to the College by PNC.

Gettysburg College is not responsible for any inconvenience to the student or parent, fees charged by the bank to the student or parent, or additional processing time due to invalid banking information data entered by the student for a direct deposit refund.

Signature: _____ Date: _____