

## CASH RELEASE REQUEST FORM

I request a cash release of the credit balance on my student account, after current semester charges, and after the disbursement of funds to my account (see award letter for disbursement eligibility dates). I understand that any adjustment to my account after this request has been made is still my responsibility.

NOTE: If you received a loan disbursement from the government, this cash release request form will release any remaining credit balance to you. If you wish to return loan money disbursed to your account back to the government, please contact the Financial Aid department.

Please release the credit balance for the \_\_\_\_\_ semester.

To: \_\_\_\_\_

(Name: Last, First, MI) Please print

ID#: F 0 0 \_ \_ \_ \_ \_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Direct Deposit Information: New Enrollment \_\_\_\_ Changed \_\_\_\_ On File \_\_\_\_

E-mail address (to receive confirmation of receipt – please do not call): \_\_\_\_\_

Do you reside on campus? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit to: Concordia University Wisconsin  
Business Office  
12800 N. Lake Shore Drive  
Mequon, WI 53097  
Fax (262) 243-2967 – this is a direct fax to the processor

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### OFFICE USE ONLY:

Amount: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Date Received \_\_\_\_\_

Approved by: \_\_\_\_\_

**CASH RELEASE REQUEST**  
**Direct Deposit Form**

\_\_\_\_\_ F00 \_\_\_\_\_  
Last Name (Please Print)      First Name      Middle Initial

I authorize Accounts Payable to use my current payroll direct deposit account information. YES / NO

New Enrollment      Change in Enrollment      (Circle One)

Bank Name \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

**Checking Account:**

Account Number \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

**- PLEASE ATTACH VOIDED OR CANCELED CHECK (no deposit tickets) -**

**Savings Account:**

Account Number \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

**- PLEASE VERIFY ACCOUNT INFORMATION FROM BANK PERSONNEL -**

Name of Bank Personnel: \_\_\_\_\_

I authorize Concordia University Wisconsin and the Financial Institution listed above to initiate Electronic Deposit for each accounts payable cash release request payment as follows. I understand that the Electronic Deposit will begin on my first cash release request payment after returning this completed form to the Accounts Payable Department, assuming valid account and bank routing information has been provided. I will notify Concordia University Wisconsin upon any change in the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date