



**Office of Student Financial Services**  
106 Central Street - Room 141  
Wellesley, MA 02481-82  
**Phone:** (781) 283-2456  
**Fax:** (781) 283-3636  
[stuaccts@wellesley.edu](mailto:stuaccts@wellesley.edu)

Please complete the following.

Full Name of Student (Last Name First)

[illegible]

Wellesley ID#

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Name of Second Party, if Check is to be jointly payable (OPTIONAL)

[illegible]

Check will be mailed to the address provided below unless otherwise noted below

Number, Street, P.O Box

[illegible]

Unit, Apartment

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City

[illegible]

State

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Zip

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Province or Country

[illegible]

Phone

			■				■				
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Requested Amount:

Reason for refund: (Please check all boxes that apply.)

- ☐ Overpayment  
☐ Withdrawal- Date of Withdrawal \_\_\_\_\_  
☐ Leave of Absence - Date of Leave \_\_\_\_\_  
☐ Medical Insurance Waiver

- ☐ Loans
- ☐ Study Abroad - Location\_\_\_\_\_
- ☐ Other

- ☐ Please check box if you currently have direct deposit for Student Payroll or Accounts Payable – your refund will be processed as a direct deposit.  
\*If you do not have direct deposit but would like to, an additional form and voided check are required.

- ☐ Will Pick Up - Be sure to provide a telephone number.

Signature

Date \_\_\_\_\_