

Student Account Refund Disposition

Student Name: _____ Rhodes ID:

Please complete the following information to request a refund. You may fax to (901) 843-3435 or mail to Rhodes College, Attn: Rhodes Express, 2000 North Parkway, Memphis, TN 38112; If you choose to receive your refund via direct deposit, you will receive an email notification when funds are disbursed. Deposits should be available within 5 to 7 business days after your request is submitted to Rhodes. Any questions regarding direct deposit transactions should be directed to the Finance Office at (901) 843-3760.

		will pick up my check at Rhodes Express.		
		Please mail a check to me or my parent at Payable to: Address:	t the address below.	
		I already participate in direct deposit for parand would like my refund to be credited to	ayroll, or have received a refund by direct deposit in the past, the same account.	
		Please send the refund to my bank account or to my parent's bank account via direct deposit:		
		Account Holder's Name: Account Holder's Address:		
		Bank Name: ABA/Routing Number: Account Number: Please indicate checking or savings:		
		E-mail address: (for deposit notification)		
		Your Name Your Address Your City, State Zip Your Bank Name Bank City, State 1: 1 234 55 780 1: 110 9 Digit Routing Number Your		
	I would like to apply \$ of my credit balance to the Rhodes Annual Fund to help provide scholarship support for deserving students. (Note: if you are requesting that an amount other than the full credit balance amount be applied to the Annual Fund, please indicate above in which manner, either check or direct deposit, you prefer the remainder to be refunded to you.)		serving students. (Note: if you are full credit balance amount be applied e in which manner, either check or	
gnature			Date	
		RHODES EXPRESS	ACCOUNTING OFFICE	
Proce	essed by	r	S# & Bank Code:	
		Σ.	Effective Date:	