



Request to Retain Credit on Account

The undersigned acknowledges and understands there is a balance due to Ohio Northern University.

Date: _____

Student's Name: _____

Student's ID #: _____

Retain Credit From: ____/____/_____
MM DD YYYY

To: ____/____/_____
MM DD YYYY

I understand that my credit will remain on my account for the term specified only. I understand that if I wish to have this credit refunded that I will need to revoke this authorization form by filling out the section below.

Signature Date

****REVOKE AUTHORIZATION****

By signing below, I revoke the authorization to retain the credit balance on my account and request that it be refunded.

Signature Date

Rev. 1/19/2017