

Wesleyan University Student Accounts Office  
237 High Street  
Middletown, CT 06459  
[student-accounts@wesleyan.edu](mailto:student-accounts@wesleyan.edu)  
Phone (860) 685-3080  
Fax (860) 685-4669

**Request for Credit Balance Withdrawal from Account**

*No "pending credit" on the account will be released. Credits created by the advance posting of the TMS monthly payment plan will not be refunded until the plan is paid in full for the semester. Payments to non U.S. citizens may be subject to NRS federal income tax withholding.*  
Processing of this request may take up to three weeks.

Amount \$ \_\_\_\_\_ Wes ID # \_\_\_\_\_ Class yr \_\_\_\_\_

Pay To (Payee): \_\_\_\_\_  
*(student or parent/guardian as listed in WesPortal)*

**I (the student) have direct deposit set up at Wesleyan** *(check box and leave address below blank)*  
*Note: If you state you have direct deposit but do not, payment will automatically be sent to your Wes PO Box*

Address: *If there is no direct deposit or if the payee is not the student, specify payee's mailing address:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee's Phone Number: \_\_\_\_\_

Reason:  Overpayment  On-Leave or  Loan credit  Other \_\_\_\_\_  
*(Check one)* **Withdrawn**

Student Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

\*\*\*\*\*

**(For office use only)**

Date Processed: \_\_\_\_\_ Approver: \_\_\_\_\_

Approved Amount: \_\_\_\_\_ V #: \_\_\_\_\_

Check Run Date: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Comments: \_\_\_\_\_