

**ST. VINCENT'S COLLEGE  
2800 MAIN STREET  
BRIDGEPORT, CT 06606**

**CREDIT BALANCE AUTHORIZATION FORM**

**NAME:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**Please apply \$\_\_\_\_\_ of the credit balance remaining on my account to charges for the following semester:**

**Summer**     \_\_\_\_\_  
**Fall**         \_\_\_\_\_  
**Spring**      \_\_\_\_\_

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**CHECK REQUEST**

I request a check in the amount of \$\_\_\_\_\_ from the credit balance on my account.

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**PLEASE NOTE: ALL CHECKS WILL BE MAILED**

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