



Lancaster Bible College Credit on Account Refund Request

Student Name: _____

Student ID #: _____

Payable to: _____
(Please print)

Amount Requested: _____

Please send the check to: (Choose one)

My LBC box # _____

The following address:

Street: _____

City: _____

State: _____ Zip Code: _____

*I understand that I (or my parents) will **not** receive this check **until all financial aid** has been updated to my account (“pending” aid is not yet on your account). I also understand that checks are cut **only once a week**. I understand that if my account meets the above criteria after the deadline for check requests to be turned in, my check will be cut the **following week**.*

Student Signature: _____

Today's Date: _____

OFFICE USE ONLY	
Account # A0001-0001-1219-0000-0	Description: Refund
_____ Vendor Number	
_____ Approved by	Date needed by: _____