Barnard College
Bursar’s Office
3009 Broadway, New York, NY 10027
Phone: (212) 854-2026  Fax: (212) 853-7433

Student Refund Request

Refund may take 7 to 10 business days once the funds are available on the student account.

Student Name ___________________________ Student BCID# ___________________________
(Please Print)

☐ DIRECT DEPOSIT: only available to the student’s US bank account. (Separate authorization form required.)
(If you have previously authorized direct deposit of your refund, all future refunds will be directly deposited regardless of the choice you make in this form.)

☐ FLYWIRE/WESTERN UNION: Payments made through Flywire or Western Union will be refunded through Flywire or Western Union by the original payment method/currency.

☐ PAPER CHECK: Make Check Payable To __________________________________________________________

☐ Mail Check:
Address _________________________________________________________________________________________________
City________________________________ State______ Zip Code_________ Local Phone Number:_____________________

☐ Hold Check (The check will be held at the Bursar’s window. An email will sent to the student’s BC email once the check is available for pick up.)

- A refund will be issued only if your student account has a CREDIT BALANCE.
- If the credit balance is created by a Federal Parent PLUS Loan or a Payment Plan, the refund check will be made payable to the parent/payer unless we have a written authorization from the PLUS Loan borrower/tuition payer to make the check payable to another party.
- Credits created by pending TMS Payment Plan will not be refunded until the plan is paid in full for the semester. Instead, you may reduce the plan at www.barnard.afford.com.
- The Direct Deposit Authorization Form is available in person at the Bursar’s Office.
- A student needs to submit the Direct Deposit Authorization only once. The authorization will remain in effect until the College receives written notification from the student to terminate the agreement.

Student Signature: ___________________________________________ Date: ____________________________

FOR OFFICE USE ONLY

AP TYPE: SRF

VOUCHER NUMBER_____________ REFUND AMOUNT________________________

AR TYPE___________ AR CODE_____________ TERM________________________

Approved By____________________________ Date__________________________

Comment__________________________________________________________________________

Picked Up
By_______________________________ Date__________________________