Office of Student Financial Services
Excess Funds Agreement

_____ _____

Print name Student ID #

A check for Excess Funds from your account is available for you at the Office of Student Financial Services. Please choose one of the following options:

☐ I will pick my check up at the cashier window (must present UC ID).

☐ Please mail my check to: _____
(Please print)

_____

_____

I accept responsibility for balances remaining on my account due to any change in my financial aid or charges applied after this check was issued to me. I furthermore certify that I am currently attending classes at Utica College.

_____ _____ _____ _____

Signature Date Amount requested SFS Amount approved

Return to: Utica College Office of Student Financial Services, 1600 Burrstone Rd., Utica, NY 13502 or FAX: 315-792-3368

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