

**Overpayment Authorization Form  
Academic Year 2024-2025**

This is authorization for UW-Superior to apply financial aid, or student checks that are not direct-credited to my tuition and fees without my signature on the checks. The form may also grant authority to apply credit balances to balance owing from a previous term or future term within the same academic year. Any overpayment will be processed through direct deposit or paper check mailed to the address in EHIVE. Additional refunding information is found at <https://www.uwsuper.edu/paying-for-college/bursars-office/payment-refunds/>

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Circle which term(s) you would like this form to apply:

Fall

J-Term

Spring

Summer

**Return this form to:**

**UW-Superior**

**Attn: Cashier**

**P.O. Box 2000**

**Superior, WI 54880**

**Email [uwscashier@uwsuper.edu](mailto:uwscashier@uwsuper.edu)**

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**For Office Use Only**

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Date: \_\_\_\_\_