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University & Student Billing  
101 Braddock RD  
Frostburg, MD 21532  
Phone: (301) 687-4321  
Fax: (301) 687-4592  
Email: [billingoffice@frostburg.edu](mailto:billingoffice@frostburg.edu)

Student's ID Number: \_\_\_\_\_

Your PAWS account reflect a \$ \_\_\_\_\_ credit balance. Please complete and return this form for the refund to be processed.

I request a refund of my overpayment to Frostburg State University be refunded by:

\_\_\_\_\_ Deposit funds onto my Bobcat Express Debit Card

\_\_\_\_\_ Return funds to the credit card (Required if possible)

\_\_\_\_\_ Issue a check or direct deposit

\_\_\_\_\_ Mail check to my permanent address

\_\_\_\_\_ Pick-up the check in the Billing Office  
(valid photo ID required)

Student's Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature (required to process): \_\_\_\_\_

Frostburg State University is a constituent institution of the University System of Maryland.