

Mail checks to:
ECMC – Finance
P.O. Box 1758
St. Paul, MN 55101-0758

ECMC Disbursement Services School Refund Form

School Name: _____

O.E. Code: _____

Student/Borrower Information:

Student Name: _____	SSN: _____
PLUS Borrower Name: _____	SSN: _____
Loan Period: _____ to _____	

Refund Amounts:

		School Use:
Unsubsidized Stafford	\$ _____	_____
Subsidized Stafford	\$ _____	_____
PLUS	\$ _____	_____
Total Refund	\$ _____	_____

Current Enrollment Information:

<input type="checkbox"/> Full Time	Effective Date: _____	<input type="checkbox"/> Withdrawn	Effective Date: _____
<input type="checkbox"/> Half Time	_____	<input type="checkbox"/> Not Eligible	_____
<input type="checkbox"/> Less Than Half Time	_____	<input type="checkbox"/> Never Enrolled	_____
<input type="checkbox"/> Leave of Absence	_____ to _____	<input type="checkbox"/> Graduated	_____
<input type="checkbox"/> Other	_____		

Action Required / Loan Information:

<input type="checkbox"/> Cancel remaining disbursements.
<input type="checkbox"/> Cancel this disbursement only. Subsequent disbursement will be made.
<input type="checkbox"/> Reissue on _____.

Contact Name: _____ Phone: _____ Date: _____