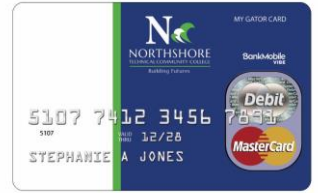




Funds Reversal Request Form



Student Name: _____

Student Banner ID #: _____

AR Detail Code: _____

Grant Award Year: _____

NTCC Campus: _____

Reversal Amount: _____

Reason for Reversal:

For Funds Disbursed by the Department of Financial Aid

X

FAO Signature
Date: _____

X

Director of FA Signature
Date: _____

For Funds Placed on Student's Account by the Finance Office

X

Finance Officer Signature
Date: _____

X

Director of Accounting Signature
Date: _____

Refund Successfully Reversed?

Yes No Date: _____

X

Vice Chancellor of Finance Signature
Date: _____

*Attach a copy of the BankMobile reversal printscreens to this form.