



Business Office • 512 East Stephens Street • Midway, KY 40347
(859) 846-5402 fax: (859) 846-5848

Credit Transfer Authorization

Name

Address

City, State, Zip

Phone

SSN

Community College

I, _____, as evidenced by my signature and date below, do hereby request and authorize Midway College, to withdraw from my student account with Midway College, any and/or all funds in excess of tuition and fees and to remit to the above mentioned Community College said funds on my behalf as payment on my student account at the above mentioned Community College. Said withdrawals are to occur in a timely manner each semester subsequent to receipt by Midway College of federal, state, local or other financial aid and the posting of Midway College related charges for tuition and fees. This request and authorization shall remain in full force and effect until such time that I submit a written notice of cancellation to Midway College.

Signature

Date