

## **TRANSFERRING FUNDS**

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***Please read the following information before completing and signing the form:***

- I voluntarily request Columbus State Community College Cashiers office to transfer my funds between the terms stated above.
- I understand that I will not be able to register unless my account balance is under \$200.00.
- I understand that any remaining balance may be referred for collection if I do not take proper measures to pay it in full.
- I understand that any credit balance remaining after the transfer will be issued to me in the time frame established by CSCC, either by direct deposit or by check.

**Note:** Financial aid credits are limited to \$200 for payment of balances in a different award year.

Student Name:

Cougar ID Number:

From Term:

To Term:

Amount Transferred:

**Options to return this form after completing the information above:**

1. Electronically sign below and date, then email to [stuacct@csccl.edu](mailto:stuacct@csccl.edu)
2. Print form and mail to: CSCC - Cashier's Office, P.O. Box 1609, Columbus, OH 43216-1609
3. Print form, put in an envelope, and put in the DROP box located in the breezeway between Madison and Ebling Halls

Student Signature:

Date:

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***For Office Use Only***

Employee Name:

Date:

CREN Posted: