|  |  |
| --- | --- |
|  | **Student’s Information** |
| Parent’s Name |  | Student’s Name |  |
| Address |  | School of Higher Education |  |
| Phone |  | Enrollment Date |  |
| **Withdrawal Request** I wish to make the following request to my student’s Inversant account and understand the terms of such actions as I agreed to in the *Family Agreement*. I also understand that this payment must be requested at least **THREE** **weeks** prior to the deadline of the bill for processing purposes. |
| Type of Request |  Successfully Graduate *\*****Please attach*** *with this form**1. Proof of enrollment of higher education**2. Proof of payment: tuition bill, invoice, receipt* |  Early Withdrawal |
| Total Saved | $ | $ |
| Total Matched | $ | There is no match if the parent withdraws early |
| Match Withdrawal Amount | $ | $ |
| Match Balance Remained | $ | This action will close this account |
| Reason/ Purpose of Payment  | Tuition Bill—payment will be made  directly to schoolBooks and supplies at campus  bookstore— payment will be made  directly to vendorParent—reimbursement of college expensesOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The participant cannot meet attendance requirementThe participant cannot meet savings requirementThe participant is no longer involved with CHVOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Payment Due Date** |  |
| **Parent’s Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| To: | Camp Harbor View Foundation Corporate Office |
| From (Circle one): | Parent/CHV Staff/Inversant Staff | Date: |
|  |
| **Please make the following withdrawal** |
| Student Name: |  |
| Total Check Amount: | $ |
| Memo Line Comment: (*could insert student name and ID number if paying for college bill*) |  |
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| --- | --- |
|  Mail Check to: | Name: |
| School/Organization: (*optional to specify school’s billing department*) |
|  | Street: |
| City, State & Zip: |
|  This transaction will close this account |

 |
| Authorized CHV Staff Name (Printed): |  |
| Authorized CHV Staff Name (Signature): |  |
| CHV Finance Office Representative Name (Printed): |  |
| CHV Finance Office Representative Name (Signature): |  |
| Please deliver or email request to: | Camp Harbor View Foundation Corporate Office |