



your pathway to



UNIVERSITY OF MANITOBA

Authorization Letter

Date: _____

From: (Full Name): _____

(Student ID): _____

(Address): _____

(Phone Number): _____

(Email Address): _____

To: Financial Department
International College of Manitoba

I, _____, now hereby authorize International College of Manitoba to transfer my tuition refund to Mr./Ms. _____'s ("authorized person") account. His/her banking information is shown on the second page of the Refund Form, which I have signed.

This authorization is effective on _____(yyyy-mm-dd).

Notes:

- 1. By providing us authorization, it is the student's responsibility to collect the refund from the authorized person.
- 2. In cases such as visa rejection or student returning to home country, authorized bank account must reside in the student's home country.

Name (Print): _____

Signature: _____

Date: _____