

CAUTH23

FINANCIAL AID CREDIT BALANCE AUTHORIZATION FORM

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|-----------------------|--------------------------|
| Student's First Name: | UMMC ID (i.e. 300123456) |
| Student's Last Name: | UMMC Email: |

(1) PRIOR TERM CHARGES AUTHORIZATION: Please choose one of the following by initialing

Federal Title IV financial aid funds are restricted to pay current period tuition and fees. Students may authorize use of these funds, i.e., Pell Grant, SEOG, Direct Subsidized or Unsubsidized loans, for prior period expenses, not exceeding \$200.00 To enable UMMC to use your Title IV financial aids funds in this manner, please indicate your choice below. UMMC will disburse any remaining credit balance on Title IV loan by the end of the loan period and any other remaining federal student aid program funds by the end of the last payment period in the award year for which they were awarded.

_____ I **(accept)** authorize UMMC to use Federal Funds/aid for prior year charges.

_____ I **(decline)** do not authorize UMMC to use Federal Funds/aid for prior year charges.

(2) CURRENT YEAR CHARGES AUTHORIZATION:

_____ I **authorize** UMMC to apply the credit balance derived from Federal funds, to charges on my student account for other non-institutional charges such as: books/supplies, fines, insurance and other relevant institutional fees.

_____ I **(decline)** do not authorize UMMC to apply the credit balance derived from Federal funds, to charges on my student account for other non-institutional charges such as: books/supplies, fines, insurance and other relevant institutional fees.

I understand that I may revoke any individual item or all of these authorizations at any time by submitting my request in writing to the Office of Student Financial Assistance. I understand that The Office of Student Financial Aid communicates with me via UMMC email and I understand it is my responsibility to read my UMMC email regularly.

Required Signature

I certify that I have read the information above on this form and I agree to the credit authorization. **I also understand that I can rescind this authorization at any time prior to incurring such charges, otherwise the authorization is valid for both current and future academic periods.**

Student's Signature _____

Date _____