

AUTHORIZATION TO HOLD FUNDS

I elect not to have credit balances on my student account automatically paid to me.

I understand that I may request payment of the funds at any time. I will then receive the payment either by direct deposit to my personal bank account or a check mailed to me. Payments will be processed every Friday and the direct deposit will arrive in the student's personal bank account on Monday and checks should arrive by midweek (somewhat dependent on the mail service).

I also understand that I can cancel this authorization at any time.

Student Name _____

Student ID# _____ Student Social Security # _____

Student Signature _____ Date _____

CANCELLATION

Student Signature _____ Date _____