



Student Accounts Office

AUTHORIZATION FORM

Student Name (Please Print)

Student ID

HOLD FUNDS AUTHORIZATION

_____ **Hold funds on account** - My signature below authorizes Southern Wesleyan University to retain any funds (to include federal) on my account. I understand that any balance on my federal funds will be paid to me (the borrower), by the end of the last payment period within the award year (in the case of loans, by the end of the loan period). I understand that I may cancel or modify any portion of this authorization by providing this request, in writing, to the Student Accounts Office.

I further authorize SWU to use my federal aid to pay for allowable charges (such as fines, other fees, etc.) other than tuition, fees, room, and board and authorize SWU to use these funds to pay for any current and future educationally related charges. This may include both current and prior year charges (up to \$200 for prior years).

Student Signature

Date

-----OR-----

CREDIT BALANCE AUTHORIZATION

I hereby request to receive the credit balance on my student account. I understand that this credit balance is a result of all charges that are and will be assessed for my current and future payment period(s). I understand that as a result of this request, I may owe additional funds for any schedule and room/board changes and further understand that it is my responsibility to pay the balance that may result on my student account due to these changes.

_____ **Pick Up** – It is my desire to pick up my refund in the Student Accounts Office.

_____ **Mail** – Please mail my refund check to address on file with SWU.

Student Signature

Date