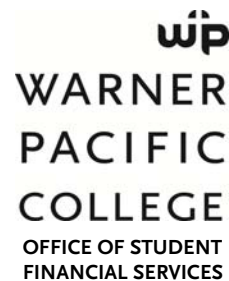


**STUDENT INFORMATION**

LAST Name: \_\_\_\_\_  
FIRST Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
WPC ID #: \_\_\_\_\_

**Student Cash Management Authorization Statement**



**What is the purpose of this form?**

Title 34 part 5 of the code of Federal Regulations was established to ensure that federal financial aid (Title IV funds) is used for its intended purpose and delivered to students in an efficient manner. Signing the following statement and authorization(s) gives the Office of Student Financial Services of Warner Pacific College the written authorization that is needed in handling the student's account with Title IV funds that are related to account charges and credits.

The following authorization(s) signed by the student is (are) valid for the award year in which it was obtained and for as long as the student is enrolled at the school. The student has the right to rescind any previously granted authorization(s) by written request, with the rescindment being applicable toward funds not yet credited toward account charges. Students must complete a new authorization form and return it to the Office of Student Financial Services to rescind previous authorization(s).

I have read, understand, and have received a copy of the following explanations concerning the crediting of Title IV financial aid funds to my student account. I understand that my written authorization is needed to credit my account with Title IV funds for any charges other than those allowable by law which include tuition, fees, room and board. I understand that any authorization given is valid for the current 2017-2018 award year and thereafter until I rescind that authorization in writing using the form available in the Office of Student Financial Services.

**Instructions: Please read the description of each authorization carefully and provide your signature below each authorization as appropriate. (Two signatures may be required)**

**AUTHORIZATION ONE**

**AUTHORIZATION TO PAY OTHER CHARGES**  
*Definition: 34 CFR specifically states that Title IV program funds (the majority of federal aid sources) may only be credited to a student's account for allowable charges, which include current tuition, fees, room and board. Before crediting Title IV funds to pay for other charges, including books, parking pass charges, parking tickets, and other institutional charges, the College must have written authorization from the student.*

I (student) hereby authorize Warner Pacific College to use my Title IV financial aid funds to pay for other educational related expenses that may be charged to my student account, including books, parking pass charges, parking tickets and other institutional charges.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TWO CHOOSE ONE OF THE FOLLOWING OPTIONS:**

**AUTHORIZATION TO RETAIN CREDIT ON ACCOUNT**  
*Definition: 34 CFR specifically states that if the student has a credit balance resulting from Title IV funds, the College must disburse the credit to the student, unless the student specifically requests that the funds remain on the student account.*

I (student) hereby authorize Warner Pacific College to retain on my student account any credit resulting from Title IV funds disbursed to me. I realize that I may request a portion or all of the credit at any time through the normal College process established for releasing credit balance funds to students. My intent in leaving the credit on account is to apply it toward future charges, or for the convenience of managing my personal funds. I understand that the College is required to issue a refund to me at the end of each academic year and that I may re-deposit end of year refunds with the College to be held on account for the next academic year.

**OR**

**AUTHORIZATION TO REFUND CREDIT ON ACCOUNT**  
I (student) hereby authorize Warner Pacific College to issue a refund for any credit balance shown on my student account resulting from Title IV funds disbursed to me. I realize that the College is offering two methods for funds availability and I must choose one of these options on the reverse side of this form.

**HOLD:** Hold the credit balance on my account in advance payment of future charges.

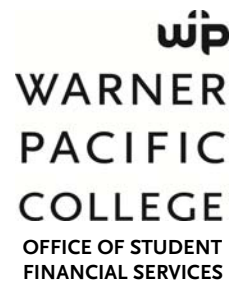
**REFUND:** Please refund my credit balance to me using the method indicated on the reverse side of this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INFORMATION**

LAST Name: \_\_\_\_\_  
FIRST Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
WPC ID #: \_\_\_\_\_

**Student Refund  
Authorization  
Form**



**OPTION 1: DIRECT DEPOSIT**

**Important! Please read, sign and complete before submitting.**

I hereby authorize WPC, either directly or through its service provider, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by WPC, either directly or through its service provider, to my account. In the event that WPC deposits funds erroneously into my account, I authorize WPC, either directly or through its service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. When an account refund is direct deposited, I will receive an email advice detailing the amount(s) deposited.

This authorization is to remain in full force and effect until WPC has received written notice from me of its termination in such time and in such manner as to afford WPC and Bank reasonable opportunity to act on it.

**Account Information**

The account number is not your debit card number.

Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other (not debit card)

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found. Please note, however, that not all checks use this numbering system. For best results **also attach a voided check.**



**Routing/Transit #**  
(A 9-digit number found between these two marks)

**Checking Account # (not your debit card number)**

**Check #**  
(This number matches the number in the upper right corner of the check – not needed for direct deposit)

**OPTION 2: PAPER CHECK**

By leaving blank the direct deposit account information above, you are requesting that all money due to you from Warner Pacific College be issued by paper check and mailed to your preferred mailing address filed with the Office of the Registrar unless indicated on the reverse side that you wish to have your credit balance held on your account for future charges. Held balances will be refunded at the end of each academic year either by direct deposit (if account information submitted above) or paper check mailed to the permanent mailing address.

**STUDENT SIGNATURE (REQUIRED)**

I (student) hereby authorize Warner Pacific College to use the method indicated above to refund any student account credit balances and/or expense reimbursements or other expense payments due me.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_