

STUDENT INFORMATION

LAST Name: _____
FIRST Name: _____ M.I.: _____
WPU 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 University 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.

I have read, understand, and have received 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 2018-2019 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 and other educational related expenses, the University must have written authorization from the student.

I hereby authorize Warner Pacific University 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.

Student 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 University must disburse the credit to the student, unless the student specifically requests that the funds remain on the student account.

I hereby authorize Warner Pacific University 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 University 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 University 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 University to be held on account for the next academic year.

OR

AUTHORIZATION TO REFUND CREDIT ON ACCOUNT
I hereby authorize Warner Pacific University 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 University is offering two methods for funds availability and I must choose one of these options on the reverse side of this form.

HOLD: Retain 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: _____
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**Student Refund
Authorization
Form**



OPTION 1: DIRECT DEPOSIT

Important! Please read, sign and complete before submitting.

I hereby authorize WPU, 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 WPU, either directly or through its service provider, to my account. In the event that WPU deposits funds erroneously into my account, I authorize WPU, 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 WPU has received written notice from me of its termination in such time and in such manner as to afford WPU 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 the direct deposit account information above blank, you are requesting that all money due to you from Warner Pacific University 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 hereby authorize Warner Pacific University to use the method indicated above to refund any student account credit balances and/or expense reimbursements or other expense payments due me.

Student Signature: _____ Date: _____