

🕻 503.517.1091 🖶 503.517.1352 省 warnerpacific.edu

Student Cash Management Authorization

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 university. 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 2022-2023 award year and thereafter until I rescind that authorization in writing using the form available in the Office of Student Financial Services.

STEP 1 - STUDENT I	NFORMATION				PLEASE PRINT LEGIBLY	
Last Name	First Name	M.I.	WPU ID Number			
Instructions: Please read (Two signatures may be	-	rization careful	ly and provide your	signature belo	w each authorization as appropriate.	
STEP 2 - AUTHORIZATION TO PAY OTHER CHARGES					A hand written signature, not typed, is required.	
account for allowable ch	,	tion, fees, room	and board. Before	crediting Title I	ny only be credited to a student's V Funds to pay for other charges, Im the student.	
I hereby authorize Warne charged to my student ac		itle IV Financial	Aid Funds to pay fo	or other education	onal related expenses that may be	
Student Signature:					Date:	
STEP 3 - CREDIT BA	LANCE AUTHORIZATIO	N			CHOOSE ONE OPTION BELOW	
Definition: 34 CFR specif	<u>AIN CREDIT</u> ON ACCOUNT ically states that if the student ess the student specifically requ				, the University must disburse the	
that I may request a port students. My intent in le understand that the Univ	ion or all of the credit at any tine aving the credit on account is t	me through the o apply it towar und to me at the	normal University produced future charges, o	process establish r for the conven	e IV Funds disbursed to me. I realize ned for releasing credit balance funds to iience of managing my personal funds. I nat I may re-deposit end of year refunds	
I hereby authorize Warn	•	,		•	account resulting from Title IV Funds se one of these options on the reverse	
☐ HOLD : Retain	the credit balance on my acco	unt in advance	payment of future	charges.		
☐ REFUND : Plea	se refund my credit balance to	me using the r	method indicated o	n the reverse si	de of this form.	
Student Signature:					Date:	
WARNER PACI	FIC UNIVERSITY					
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2219 SE 68th Avenue · Portland, OR 97215 PERC --Office Use Only-- ARAC CRI/SAXXCASH Date 2022-2023 Academic Year

OFFICE OF STUDENT FINANCIAL SERVICES

Student Refund Authorization



STEP 1 - STUDENT INFORMATION

PLEASE PRINT LEGIBLY

Last Name	First Name	M.I.	WPU ID Number			
OPTION 1 - DIREC	T DEPOSIT					
I hereby authorize WPL at the financial instituti ed by WPU, either direct authorize WPU, either of authorize wPU.	on (hereinafter "Bank") indicated ctly or through its service provide directly or through its service prov	rvice provider, to on this form. Fur, to my account.	deposit any amounts owed me by initiating credit entries to my account rther, I authorize Bank to accept and to credit any credit entries indicat- In the event that WPU deposits funds erroneously into my account, I vaccount for an amount not to exceed the original amount of the erronemail 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 Informatio The account number is	n not your debit card number.					
Bank Name/City/Stat	e:					
Routing/Transit #: _ ☐ Checking ☐ Savi	int Number: lebit card)					
·	c MICR line, detailing where the in pering system. For best results at t		sary to complete this form can be found. Please note, however, that not ck.			
Memo 1: 01234567	8 1: 123456789 "	0101				
(A 9-digit r	c/Transit # number found ese two marks) Checking Ac your debit co	count # (not ard number)	Check # (This number matches the number in the upper right corner of the check – not needed for direct deposit)			
OPTION 2 - PAPE	R 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 permanent 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.						
STEP 2 - REQUIRE	D SIGNATURE ON THIS F	A hand written signature, not typed, is 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:			

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OFFICE OF STUDENT FINANCIAL SERVICES 2219

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