



Student Account Authorization

STUDENT'S NAME: _____ STUDENT ID: _____

DIRECTIONS: Complete Sections 1 and 2 and return this form to either the Cashier's Office or to the Office of Financial Aid. Note: Authorizations are only collected once. Should you wish to rescind any Authorization, you may do so by completing another Authorization Form.

SECTION 1: AUTHORIZATIONS (Circle 'YES' or 'NO' to each question listed below.)

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| 1. Do you authorize the use of your financial aid to pay for other allowable charges, other than tuition and fees, that you incur at a later date for educationally related activities during the period specified? | YES NO |
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If YES, indicate which period (circle one):	SEMESTER	ACADEMIC YEAR
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Note: By answering 'YES', any refund due will be held and used to pay allowable charges, other than tuition and fees, that might be placed on your account during the period specified above. At the end of the period selected, you will receive a refund check for any credit balance remaining on your account.

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| 2. Do you authorize the use of your financial aid to pay for non-institutional charges? (i.e. bookstore charges, library fines, laptop security deposits, emergency loans, etc.) | YES NO |
| 3. Do you authorize the use of your financial aid to pay prior-year charges? (Financial Aid funds will be used to pay the current term's charges <u>before</u> being applied to a prior year's charges.) | YES NO |

SECTION 2: CERTIFICATION STATEMENT (Read and Sign)

By signing below I acknowledge I have read and understand the following Rights and Responsibilities:

- *It is my responsibility to either pay, or make payment arrangements, to satisfy all of my LTU debts which may exceed my financial aid, including charges occurring after the disbursement and refund of financial aid, on or before the respective payment deadline dates each semester, as published online. Go to www.my.ltu.edu and click on BannerWeb for more payment deadline information (see Class Schedule).*
- *I understand that these Authorizations will cover the entire period that I am enrolled at LTU and that I can modify or rescind any one or all of these Authorizations at any time by completing a new authorization form.*
- *I understand that my signature on this Authorization Form incurs the same liability as my endorsement on a bank check.*



_____ Student's Signature

_____ Date

Office Use Only – RRAAREQ: ____ ATHCRS (Y/N) -1; ____ ATHNIS (Y/N) -2; ____ ATHPYS (Y/N) -3