



STUDENT FEDERAL AUTHORIZATION FORM

PRINT NAME: _____ CELL # _____ ID# _____

This authorization is valid for the entire period of enrollment at MMC. Student has the right to rescind the following authorizations at any time by submitting a withdrawal of consent in writing to the Business Office.

I agree that even if I am eligible to receive Financial Aid or if the available Financial Aid funds do not pay for all the costs of tuition and fees, including room and board, fines, etc., I understand that I am responsible for all incurred expenses. Should I fail to qualify for any financial aid for which my account has been previously credited, or I do not receive an award shown on my award letter, I promise to pay any balance owed on my account. Withdrawals or dropped classes could result in Financial Aid being returned to the appropriate agency and/or generate a balance. I also agree to pay any/all reasonable collection fees associated in the collection of this balance. I understand that a collection agency may be used to collect, and I may be contacted by them. I authorize MMC to apply any unsigned checks (other than loans), for which I am eligible, to my account. Please note that owing funds to MMC will prohibit you from registering for classes, requesting transcripts, etc.

FEDERAL FUNDS/CREDIT BALANCE AUTHORIZATION:

Program regulations permit students to authorize use of Title IV financial aid funds for non-institutional expenses. If you are eligible for Federal Financial Aid in excess of tuition, room/board, and fees, and you wish to use this excess to cover other charges such as books and supplies, other fees, fines, replacement ID cards, etc., you must authorize Martin Methodist College to pay these charges from your Title IV financial aid. You may rescind this authorization at any time prior to incurring such charges, but you may not cancel it once such charges have been made on your behalf. This authorization is valid for funds in excess of tuition, room/board, and fees, based on your financial aid eligibility and enrollment status. Authorization must also be obtained to apply excess current year Title IV aid to prior year charges not to exceed \$200. Once Federal Title IV financial aid funds are disbursed to your student account to be applied to tuition, fees, room and board, funds received may exceed those charges. As a convenience, students may choose to leave those funds on their student account for future charges such as bookstore charges, other fees, fines, replacement ID cards, etc.

I authorize Martin Methodist College to apply Federal funds/aid to all current charges on my account, including prior year charges up to \$200. I further authorize the Business Office to apply and hold any credit balance that may result on my student account (derived from federal aid, loan funds, scholarships or other payments) to be applied to future charges which may include bookstore charges, other charges, fees, etc. I also understand this will not prevent me from receiving a refund of excess federal aid or any other eligible credit balance, and I can request a refund at any time there is a credit balance on my account. If I do not authorize, I understand that I will not be able to use my credit in the bookstore nor have any other charges covered by my financial aid which will require me to make a separate payment.

I rescind this part of the authorization: _____

I understand and agree that Martin Methodist College uses student email, cell phones, or wireless devices as a method of communication. Therefore I am responsible for reading the emails/messages I receive on a timely basis. I understand and agree that I am responsible for keeping records up to date with my current physical address, email addresses, and phone numbers.

X _____ / _____
Student Signature Date Co-Signer Signature (applies to Promise to Pay only) Date

Please list a personal reference that does not live at your permanent address. This information may be used in case of an emergency event on campus for an alternate contact or provide a means of contacting you in the event your home address or phone number changes without notification to the Business Office. (PLEASE PRINT LEGIBLY)

Name: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Phone Number: _____