THE STUDENT ENROLLMENT CENTER
FINANCIAL AID REFUND
AUTHORIZATION

This request can only be used prior to your refund disbursement. It must be completed and submitted to the Student Enrollment Center no later than the 2nd Friday of each semester (9/4/15 for fall 2015).

Student’s Full Name: ___________________________ Student ID (6 digits) 000 ____________
ESU Email Address: ___________________________ Cell Phone: ______________________

I, __________________________________________, hereby authorize East Stroudsburg University to transfer $ ______ (cannot exceed $500) from my anticipated financial aid refund to East Stroudsburg University’s Student Activities Association, Inc. to be used to cover institutional charges (e.g., purchase my required books and supplies from the University Bookstore at ESU) using my E-Card. I understand that these funds are from my anticipated financial aid refund for the fall 2015 semester.

• If I decide to withdraw from East Stroudsburg University I will be liable to East Stroudsburg University’s Student Activities Association, Inc. for all charges made using these funds in the University Bookstore.
• If my financial aid eligibility is reduced or canceled due to a change in my enrollment status or eligibility and does not cover the amount I have charged, I understand that I am responsible for paying the resulting balance to East Stroudsburg University’s Student Activities Association, Inc.
• I further understand that I may cancel this authorization at any time prior to using the funds. I must notify the Student Billing team in the Student Enrollment Center directly.
• I understand that I cannot reduce or increase this authorization at any time. Any funds that I have authorized that are not used must be requested from the E-Card Office (located on the bottom floor of the University Center) at the close of the charge period specified here, September 8, 2015.

My signature below assures that I agree with the conditions of this request and my consent is being given voluntarily. I have granted permission so that my anticipated refund can be used towards institutional charges.

Student’s Signature ____________________________________ Date ___________________

(All purchases must be made at the University Store at ESU by 9/8/15)

SEC Office Use Only: University Authorization

I have reviewed the financial aid file of the above referenced student, confirmed that all necessary documents have been submitted and certified for disbursement and tagged his/her account. As of _________, the student is eligible to receive financial aid in-excess of recorded semester billed charges.

SEC Staff: ___________________________ Process Date ___________________

Copy 1 – Scanned for SEC Copy 2 – Student Original - SAA

Last Rev. 8/3/2015