FSA Credit Balance Authorization Form for SGPS Students
2016-2017

Student Name: ___________________________       Student ID #: _____________________

If you would like Washington Adventist University to hold your credit balance instead of refunding it to you, Department of Education regulations require that we obtain written authorization. A credit balance occurs when the university credits Federal Student Aid (FSA) funds to a student’s account and the total amount of those funds exceed the student’s allowable charges. FSA funds include:

- Federal Pell Grant
- Federal Direct Parent PLUS Loan
- Federal Direct Stafford Loans
- Federal Grad PLUS Loan

This is a voluntary authorization and is valid from the date that the school receives it. You may also cancel it at any time (see FSA Authorization Cancellation Form) and the cancellation likewise takes effect on the date we receive it. In such cases the funds will be paid to you within 14 calendar days after the university receives your cancellation request. Credit balances held will be used to pay charges for tuition, room charges, and meal plans that may be charged by WAU. It can also be used to pay for miscellaneous charges with written permission (see FSA Miscellaneous Charges Authorization Form).

By signing below I authorize Washington Adventist University to hold any credit balance generated from my FSA funds on my student account. The credit will remain on my student account until the end of the academic year, at which time any credit generated by FSA funds will be refunded to me. I am able to rescind this authorization at any time by contacting Student Financial Services office in writing, otherwise it will remain active for the duration of my time at WAU. This does not give WAU authorization to use my FSA funds for miscellaneous charges.

☐ By checking this box I am extending this authorization to all credit balances on my student account not generated by FSA funds. Any credit balance on the student account not generated by FSA funds will remain on the account until requested by the student or the end of the student’s enrollment at WAU, whichever comes first.

Student Signature ___________________________       Date: ___________________________

Please mail, fax or email the signed form to:

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Washington Adventist University
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Takoma Park, MD  20912
FAX:  301-891-4023
EMAIL:  finaid@wau.edu