FSA Authorization Cancellation Form
2026-2027

Student Name: _____ Student ID#: _____

Parent Borrower (if applicable): _____

By signing this form and returning it to the Student Financial Services office at Washington Adventist University, I am rescinding my previously given authorization for the following (please check all applicable):

- ☐ Credit Balance Authorization for FSA Funds (requires student signature)
- ☐ Credit Balance Authorization for Parent PLUS Loans (requires parent borrower signature)
- ☐ Miscellaneous Charges Authorization for FSA Funds (requires student signature)
- ☐ Miscellaneous Charges Authorization for Parent PLUS Loans (requires parent borrower signature)

Cancellation of the authorization(s) will be effective upon receipt of this form by the Student Financial Services office. If there is a credit balance on the student's account, there will be a refund issued to the student and/or parent borrower within 14 days of receipt.

Student Signature: _____ Date: _____

Parent Borrower Signature: _____ Date: _____

Please mail, fax or email the signed form to:

Student Accounts
Washington Adventist University
7600 Flower Avenue
Takoma Park, MD 20912

PHONE: 301-891-4210
FAX: 301-576-0115
EMAIL: studentaccount@wau.edu