



Financial Aid Office
1100 E. 14th St.
Ada, OK 74820
Phone: 580-559-5243
Fax: 580-559-5638

Federal Student Aid Authorization Form Non-Institutional Charges

Name _____ ID# _____

This authorization is valid from the date of signing through the date of graduation. Student has the right to rescind the following authorizations at any time by submitting a withdrawal of consent in writing to the ECU Financial Aid Office.

FEDERAL FUNDS AUTHORIZATION:

Program regulations permit students to authorize use of Title IV financial aid funds for non-institutional charges. Non-institutional charges include **books, supplies, fines** and other **non-course related fees**. If you are eligible for Federal financial aid in excess of tuition and fees, and you wish to use this excess to cover other charges (e.g. books, supplies, fines, other non-course related fees, etc.), you must authorize East Central University to pay these charges from your account balance. **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 and fees, based on your financial aid eligibility and enrollment status.

____ I **authorize** East Central University to apply the credit balance derived from Federal funds/aid to charges to my student account for other goods and services.

____ I **do not authorize** East Central University to use the credit balance derived from Federal funds/aid to charges to my student account for other goods and services.

PRIOR YEAR CHARGES AUTHORIZATION:

Federal Title IV financial aid funds are restricted to payment of current period tuition, fees, room and board. Students may authorize use of these funds for prior year expenses. To enable East Central University to use your Title IV financial aid funds in this manner, please indicate your choice below:

____ I **authorize** East Central University to use Federal funds/aid for prior year charges.

____ I **do not authorize** East Central University to use Federal funds/aid for prior year charges.

Please complete this form, sign where indicated, and return this form to the Financial Aid Office.

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I take full responsibility for the payment of any of these charges in the event I do not have federal student aid, my excess aid is not sufficient to cover the charges incurred, or I do not authorize the use of any credit balance to cover the charges incurred.

Student's Signature: _____

Date: _____