



UNIVERSITY OF
DENVER

2009-2010 TITLE IV PAYMENT AUTHORIZATION

Student Name: _____ Student ID#: 87 _____

I authorize the University of Denver to apply any credit balance resulting from Title IV aid (Federal Direct Loans, Federal Stafford Loans, Federal Pell Grant, Federal Perkins Loan, Supplemental Educational Opportunity Grant) to my tuition and fees at the University of Denver.

By signing below, I am agreeing to the terms stated on this form and acknowledge that I understand that this authorization is voluntary and can be rescinded at any time (verbally or in writing). I understand that if I rescind this authorization, I will receive any credit balance on my tuition account within fourteen days.

Student's Signature

Date

If you have any questions regarding this form, please contact the University of Denver
Bursar's Office at 303-871-4944 or via email at bursar@du.edu

This form may be returned to our office, faxed or mailed to the following address:

Bursar's Office, 2197 S. University Blvd, Room 223, Denver, CO 80208
Phone: 303-871-4944 Fax: 303-871-4401 <http://www.du.edu/bursar>