2016-2017 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, TEACH Grant) to cover the remaining charges on my student account after payment of my tuition, fees, and room and board charges at the University of Denver for the 2016-2017 academic year. This charges may include, but are not limited to, student health insurance and parking permits.

I am agreeing to the terms stated above and acknowledge that I understand that this authorization is voluntary and may be rescinded at any time. I may do so by providing written notification to the Bursar's Office. I understand that if I rescind this authorization, it will become effective at the time it is submitted and will not apply retroactively towards charges against which these funds have already been applied. If any credit balance remains on my tuition account at the time of rescission, I will receive it within fourteen (14) 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