

# MILLSAPS COLLEGE

## 2012-2013 STUDENT AUTHORIZATION FORM

\_\_\_\_\_  
(Please print) Student Name

\_\_\_\_\_  
Millsaps ID

### I. FEDERAL FUNDS AUTHORIZATION

This authorization is valid for federal funds awarded and received in excess of tuition and fees, based on your financial aid eligibility and enrollment status. Please indicate your choice for each section below.

( ) I will **not** have federal funds awarded for this academic year.

#### CREDIT BALANCE AUTHORIZATION: (Select one)

- ( ) I hereby authorize the Business Office of Millsaps College to **retain** any credit balance created from application of federal aid, loan funds, scholarships, or other payments to be used for future charges.
- ( ) Please **refund** any credit balance remaining on my account after current semester charges have been applied against available funds. *DO NOT CHOOSE THIS OPTION if your payments are made utilizing the Millsaps Plan bank drafts. All federal funds have been calculated into your monthly payment amount and cannot be refunded without affecting your Plan payments.*

#### APPLICATION OF FUNDS AUTHORIZATION: (Select one)

- ( ) I authorize Millsaps College to use the credit balance derived from federal funds as payment for charges made to my account for miscellaneous goods and services. *YOU MUST SELECT THIS OPTION in order to use your credit to purchase books during registration.*
- ( ) I DO NOT authorize Millsaps College to use the credit balance derived from federal funds as payment for charges made to my account for miscellaneous goods and services. I understand that I will be responsible for paying these charges individually. *By selecting this option, you will not be able to use your credit for book purchases during the week of registration.*

### II. STATEMENT OF FINANCIAL RESPONSIBILITY

I will be responsible for prompt payment of all charges resulting from my enrollment as a student at Millsaps College. I also agree to pay any reasonable collection costs and/or attorney fees necessary to collect any outstanding balance on my student account. I understand that in the event my student account should become delinquent that my transcript will not be released and I may not be allowed to take exams or register for subsequent terms.

I understand that I may revise the above authorizations at any time and that these selections will remain in effect until I submit a written statement to the Business Office rescinding or revising these authorizations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return completed form to: Millsaps College Business Office  
1701 N. State Street ~ Box 150433  
Jackson, MS 39210

