

AUTHORIZATION FOR PAYMENT OF
EXCESS (CREDIT BALANCE) PLUS LOAN FUNDS

Parent SSN _____	Student WIN _____
Parent (Borrower) Name _____	Student Name _____

Federal regulations require schools to obtain and maintain approval of the parent in order to allow excess (credit balance) PLUS loan funds to be credited to the student's account.

I authorize the University to deliver any excess (credit balance) PLUS loan funds to my son or daughter's Washburn University account.

I certify that I am the responsible parent borrower for this transaction.

Parent's Signature

Date

(This form must be signed by the parent who has borrowed the PLUS loan)

This authorization form must be completed for each academic year in which you wish to allow the student to receive the excess/credit balance. If you decide to change this authorization at any time, you may do so by contacting Financial Aid.

This form should be returned to:

Washburn University
Financial Aid – Morgan 267
1700 SW College Ave
Topeka, KS 66621
785/670-1079 fax