University of South Carolina-Aiken
Finance Office

Authorization to Permit Federal Financial Aid
For Payment of Current Charges

Name ____ (please print)
Last First M.I.

Student I.D. (SSN)_____________________________

1. I authorize the University of South Carolina to use any or all of my available federal financial aid (excluding Federal Work Study) to apply against all current University charges.

2. I understand that I am still responsible for any charges not covered by my federal financial aid, and this authorization applies to all sources of federal financial aid.

3. This authorization will remain in force until such time that I rescind it by notifying the USCA Finance Office in writing.

4. Application of federal financial aid against my charges will not occur until this form is signed and returned.

5. I understand that my signature is optional, but that if this form is not signed I will be required to pay all University charges with personal funds (cash, check, or charge) prior to having any federal financial aid funds released to me.

NOTE: Signing this form does NOT automatically pay your bill. You must either use the web site (VIP.sc.edu) or follow regular bill payment procedures each semester.

Signature __________________________________ Date______________

Sign and return this form to: Finance Office
University of South Carolina-Aiken
471 University Parkway
Aiken, SC 29801

Office Use Only	Date Received	Date Entered	Initials
	__________	__________	_______