

**University of South Carolina-Aiken  
Business Services 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: Business Services Office  
University of South Carolina-Aiken  
471 University Parkway  
Aiken, SC 29801**

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<b>Office Use Only</b>	<b>Date Received</b>	<b>Date Entered</b>	<b>Initials</b>
_____	_____	_____	_____