

🕻 503.517.1207 🖶 503.517.1352 🗥 warnerpacific.edu

2025-2026 Academic Year

Student Cash Management Authorization

OFFICE OF STUDENT ACCOUNTS

--Office Use Only-- ARAC

Title 34 part 5 of the code of Federal Regulations was established to ensure that Federal Financial Aid (Title IV Funds) is used for its intended purpose and delivered to students in an efficient manner. Signing the following statement and authorization(s) gives the Office of Student Accounts of Warner Pacific University the written authorization that is needed in handling the student's account with Title IV Funds that are related to account charges and credits.

The following authorization(s) signed by the student is (are) valid for the award year in which it was obtained and for as long as the student is enrolled at the university. The student has the right to rescind any previously granted authorization(s) by written request, with the rescindment being applicable toward funds not yet credited toward account charges. Students must complete a new authorization form and return it to the Office of Student Accounts to rescind previous authorization.

I have read, understand, and have received the following explanations concerning the crediting of Title IV Financial Aid Funds to my student account. I understand that my written authorization is needed to credit my account with Title IV Funds for any charges other than those allowable by law which include tuition, fees, room and board. I understand that any authorization given is valid for the current 2025-2026 award year and thereafter until I rescind that authorization in writing using the form available in the Office of Student Accounts.

STEP 1 - STUDENT INFO	RMATION				PLEASE PRINT LEGIBLY
Last Name	First Name	M.I.	WPU ID Number		
Instructions: Please read the de (Two signatures may be require	•	orization carefu	lly and provide your	signature belo	w each authorization as appropriate.
STEP 2 - AUTHORIZATIO	N TO PAY OTHER	CHARGES		A hand writt	en signature, not typed, is required.
	lude current tuition, fee	es, room and boo	ard. Before crediting	Title IV Funds	only be credited to a student's account to pay for other charges, including dent.
I hereby authorize Warner Pacif charged to my student account,		Title IV Financia	l Aid Funds to pay fo	r other educati	onal related expenses that may be
Student Signature:					Date:
STEP 3 - CREDIT BALANC	E AUTHORIZATIO	<u>ON</u>			CHOOSE ONE OPTION BELOW
AUTHORIZATION TO <u>RETAIN CR</u> Definition: 34 CFR specifically st the student, unless the student	ates that if the student				he University must disburse the credit to
that I may request a portion or students. My intent in leaving t	all of the credit at any t he credit on account is is required to issue a re	ime through the to apply it towa fund to me at th	normal University programmers of the normal Univ	rocess establish for the conver	e IV Funds disbursed to me. I realize hed for releasing credit balance funds to hience of managing my personal funds. I hat I may re-deposit end of year refunds
AUTHORIZATION TO <u>REFUND CI</u> I hereby authorize Warner Pacif	ic University to issue a				account resulting from Title IV Funds ase one of these options on the reverse
☐ HOLD: Retain the cre	edit balance on my acco	ount in advance	payment of future cl	narges.	
☐ REFUND: Please refu	nd my credit balance to	o me using the n	nethod indicated on	the reverse side	e of this form.
Student Signature:					Date:
WARNER PACIFIC	IINIVERSITY	,			

2219 SE 68th Avenue · Portland, OR 97215

CRI/SAXXCASH

Student Refund Authorization



STEP 1 - STUDENT INFORMATION

PLEASE PRINT LEGIBLY

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Last Name	First Name	M.I.	WPU ID Number			
OPTION 1 - DIRECT DEP	<u>OSIT</u>					
Important! Please read, sign and complete before submitting. I hereby authorize WPU, either directly or through its service provider, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by WPU, either directly or through its service provider, to my account. In the event that WPU deposits funds erroneously into my account, I authorize WPU, either directly or through its service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. When an account refund is direct deposited, I will receive an email advice detailing the amount(s) deposited.						
This authorization is to remain in full force and effect until WPU has received written notice from me of its termination in such time and in such manner as to afford WPU and Bank reasonable opportunity to act on it.						
Account Information The account number is not your debit card number.						
Bank Name/City/State:						
Routing/Transit #: Account Number:						
☐ Checking ☐ Savings ☐ Other			t debit card)			
Memo Routing/Transit # (A 9-digit number for between these two ma	Stem. For best results attach	a voided c	Check # (This number matches the number in the upper right corner of the check – not needed for direct deposit)			
OPTION 2 - PAPER CHECK						
By leaving the direct deposit account information above blank, you are requesting that all money due to you from Warner Pacific University be issued by paper check and mailed to your permanent mailing address filed with the Office of the Registrar unless indicated on the reverse side that you wish to have your credit balance held on your account for future charges. Held balances will be refunded at the end of each academic year either by direct deposit (if account information submitted above) or paper check mailed to the permanent mailing address.						
STEP 2 - REQUIRED SIGNATURE ON THIS FORM			A hand written signature, not typed, is required.			
I hereby authorize Warner Pacific University to use the method indicated above to refund any student account credit balances and/or expense reimbursements or other expense payments due me.						
Student Signature:			Date:			