

# AUTHORIZATION TO DEDUCT OUTSTANDING CHARGES

THIS FORM AUTHORIZES SF STATE TO DEDUCT CURRENT ACADEMIC YEAR  
OUTSTANDING UNIVERSITY CHARGES FROM FINANCIAL AID FUNDS

LAST NAME, FIRST NAME

SEMESTER/YEAR

SF STATE ID

GATOR REGISTRATION DATE and TIME

I hereby authorize SF State to deduct all current institutional charges for the current academic year due to the University in full from any federal, state, institutional, or private LOANS, GRANTS and SCHOLARSHIPS.

**OBLIGATION**

**AMOUNT**

**TOTAL:** \_\_\_\_\_

I make this request voluntarily in order to be assured that my tuition and registration fees and other charges owed to SF State will be paid in a timely manner. I also understand that an online statement of the deduction(s) is available to me at MySFSU account (<https://www.sfsu.edu/online/login.htm>) and I have the right to rescind or modify this request (in writing to the Bursar's Office, ADM-155/SSB-103) at any time.

I fully understand that this is in compliance with Federal regulations and University policies.

I am also aware that my current academic year financial aid cannot pay for prior academic year charges.

In the future, I must clear all financial obligations before I can register for classes.

If I fail to meet any requirements which prevents the disbursement of my Financial Aid award, the University may take any or all of the following actions:

1. Request the full amount of tuition and registration fees which I owe to be due immediately.
2. Cancel my provisional registration for the stated semester.
3. Withhold grades, transcripts and University services.
4. Prevent future registration or University services.
5. Report amounts owed to the Franchise Tax Board for tax offset against any tax refunds.
6. Submit my name to credit bureaus and/or refer my account to a law firm for collection of the full amount of tuition and registration fees plus collection fees (usually 33.33%).

I further certify that all information provided is true. If there are any changes, I must contact the the Bursar's Office.

ADDRESS

PHONE NUMBER

CITY, STATE, ZIP CODE

EMAIL

SIGNATURE

DATE