Office of Financial Aid Past Due Payment Authorization 2020-2021



STUDENT INFORMATION					
Student Name:		Student ID:			
Student Address:		Student Date of Birth:			
City, State, Zip:		Student Email:			
Student Phone:		Student Alternate Phone:			
PAST DUE BALANCE REQUEST FOR THE CURRENT ACADEMIC YEAR I understand I have a past due amount/R2T4/Grant Overpayment for the CURRENT academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct. Amount: from term/Year: from term/Year:					
*Please attch previous and current semester billing statements for review.					
PAST DUE BALANCE REQUEST FOR A PAST ACADEMIC YEAR					
I understand I have a past due amount/R2T4/Grant Overpayment from a PREVIOUS academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct up to \$200.					
from term/Year: from term/Year:					
*I understand I am required to pay the prior year balance down to \$200 and provide a receipt in order for this authorization to be processed.					
SIGNATURE					
I understand that after I submit this request, the Director of Financial Aid and the Director of the Business Office will review my request and reach a decision on my account. After the decision is made, I will be notified on my student account through "MyViking" document tracking.					
Student Printed Name:	Studer	nt Signature:		Date:	:
Current Awards: Financial Aid Office Use Only Current Balance: Remaining Amo					
	IV.				
SAP: Good / AP / Warn / Susp Docs Completed: Y / N □Approved Processed by:				Date:	
Director of Financial Aid Signature:				Date:	
Business Office Director Signature:				Date:	

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