

OFFICE OF FINANCIAL AID  
PAST DUE PAYMENT AUTHORIZATION



STUDENT INFORMATION	
Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

Please check the applicable box:

I understand I have a past due amount from a **previous** academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct up to \$200.  
(Amount) (Term/Year)

from my current  financial aid account.

*\*You are required to pay the prior year balance down to \$200 and provide a receipt in order for this authorization to be processed.*

I understand I have a past due amount/R2T4/Grant Overpayment from the **current** academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct.  
(Amount) (Term/Year)

from my current  financial aid account.

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 through "My Viking" document tracking on my student account.

<b>Student Signature:</b>	<b>Date:</b>
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Director of Financial Aid Signature:		Date:
Business Office Director Signature:		Date:
Financial Aid Office Use Only		Current Awards:
Approved:	Denied:	Current Balance:
Processed by:		Remaining Amount:
SAP: Good / AP / Warn / Susp	Docs Comp.    Y    N	Date:

Grayson College Financial Aid Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299  
Email to: Financialaid@grayson.edu • Fax to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.