Office of Financial Aid

Past Due Payment Authorization 2021-2022



Authorization to apply current aid to past due balance for the current year or prior year balance up to \$200.

STUDENT INFORMATION				
Student Name:		Student ID:		
Student Address:		Student Date of Birth	n:	
City, State, Zip:		Student Email:		
Student Phone:		Student Alternate Ph	one:	
PAST DUE BALANCE REQUEST FOR THE CURRENT ACADEMIC YEAR				
☐ I understand I have a past due amount/R2T4/Grant Overpayment for the <u>CURRENT</u> academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct:				
Amount: From term/year: For 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: For 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: Stu		udent Signature:		Date:
EINANCIAL AID OFFICE LIGE ONLY				
FINANCIAL AID OFFICE USE ONLY				
Current Awards:	Current Balance:		Remaining Amount:	
SAP: Good / AP / Warn / Susp	Docs Completed: Y / N		☐ Approved ☐ Denied	
Processed by:				Date:
Director/Assistant Director of FAO Signature:				Date:
Business Office Director Signature:				Date:

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299 Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908