

# Office of Financial Aid

## Past Due Payment Authorization 2024-2025

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:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

PAST DUE BALANCE REQUEST FOR THE CURRENT ACADEMIC YEAR
<input type="checkbox"/> I understand I have a past due amount/R2T4/Grant Overpayment for the <b>CURRENT</b> academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct the balance from my current financial aid awards.
Amount: _____ From term/year: _____ For term/year: _____ <i>*Please attach previous and current semester billing statements for review.</i>

PAST DUE BALANCE REQUEST FOR A PAST ACADEMIC YEAR
<input type="checkbox"/> I understand I have a past due amount/R2T4/Grant Overpayment from a <b>PREVIOUS</b> academic year. If this past due payment authorization is approved, I authorize Grayson College to deduct up to \$200 from my current financial aid awards.
From term/year: _____ For term/year: _____ <i>*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.</i>

SIGNATURE		
<i>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."</i>		
Student Printed Name:	Student Signature:	Date:

FINANCIAL AID OFFICE USE ONLY		
Current Awards:	Current Balance:	Remaining Amount:
SAP: <input type="checkbox"/> Good <input type="checkbox"/> AP <input type="checkbox"/> Warn <input type="checkbox"/> Susp	Docs Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approved <input type="checkbox"/> 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](mailto:financialaid@grayson.edu) • Fax forms 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.