

**FINANCIAL AID WITHHOLDING AUTHORIZATION**

**DIRECTIONS**—Please read the entire withholding statement before adding your signature and date to verify that you understand the terms of this authorization. You can view your student account information at [onestop.umn.edu](http://onestop.umn.edu). Select the Quick Link “Student Account.” If you have questions regarding this form or your account, please contact a One Stop counselor at 612-624-1111 or by email at [onestop@umn.edu](mailto:onestop@umn.edu).

**Return this form**

**By mail to:**

One Stop Student Services  
University of Minnesota, Twin Cities  
333 Robert H. Bruininks Hall  
222 Pleasant St., SE  
Minneapolis, MN 55455-0239

**On campus at:**

333 Robert H. Bruininks Hall

**Questions?**

Phone: 612-624-1111  
TTY (hearing impaired):  
612-626-0701 Email:  
[onestop@umn.edu](mailto:onestop@umn.edu)

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART A. Student Information		
Name (first, last, middle initial)	Social Security number	University ID
University email address		Phone number (include area code)
Current mailing address (street, apartment, or P.O. Box number, city, state, ZIP code, country)		
PART B. Certification		
<p>I authorize the University of Minnesota to use my financial aid to pay all outstanding charges on my student account. Financial aid can include loans, grants, scholarships, or other institutional, federal, or state funds. I acknowledge any credit balance remaining may stay on my account unless I claim it. I understand that if I do not claim any credit balance, the University may earn interest on these funds, which will not be paid to me.</p> <p>I agree that if this aid is not directly credited to my account, I will endorse any financial aid check(s) to the University of Minnesota. I will not receive any funds until all charges posted to my student account are paid in full. I understand that completion of this form does not guarantee that my student account will be paid in full. Any balance remaining after disbursement of my financial aid is my responsibility.</p> <p>I authorize the University of Minnesota to use financial aid funds to pay any non-standard charges assessed to my student account. These charges may include, but are not limited to, the following: bus passes, e-mail account fees, book charges, library fines, parking fees, medical/dental charges, late fees, and/or installment plan fees. I also authorize the University of Minnesota to transfer any financial aid funds to any past due balances on my student account.</p> <p>I understand that this authorization will remain active on my account and is valid for as long as I am a University of Minnesota student. I understand that in order to inactivate this authorization I must send a written cancellation to the One Stop Student Services Center at the address listed above.</p>		
Student signature		Date



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

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