

**DISBURSEMENT AUTHORIZATION
FOR FINANCIAL AID**

COMPLETION OF THIS FORM IS REQUIRED BY EIU FOR
DISBURSEMENT OF ALL TITLE IV FINANCIAL AID

I give *or* I do NOT give

(You must circle your choice above)

Eastern Illinois University permission to use my Title IV Financial Aid to pay for all charges incurred at Eastern Illinois University, including pharmacy fees, parking permit, and parking tickets, etc. I give my permission; I understand that all charges I incur will be deducted by the Student Accounts Office from my Title IV Financial Aid before they will issue a refund to me.

If I do not give my permission to deduct all charges incurred, I understand that the Student Accounts Office will deduct only my tuition, fees and university housing from my Title IV Financial Aid before I receive a refund.

Student Signature

Social Security Number

**PLEASE NOTE: You may reverse your choice at any time by contacting the
Office of Financial Aid**

**YOUR TITLE IV FINANCIAL AID WILL NOT DISBURSE UNTIL
THIS IS COMPLETED AND THE SIGNED FORM IS RECEIVED
BY THE OFFICE OF FINANCIAL AID.**