

**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**

---

**EIU ID #**

**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.**