



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Student's Name: _____

Student's EMPLID: _____

Parent's Social Security Number: _____

Parent's (Borrower's) Name: _____

PARENT PLUS LOAN REFUND AUTHORIZATION FORM

Federal regulations require schools to obtain and maintain the written approval of a borrower in order to have any PLUS loan proceeds refunded to your student. The intended use of this form is to obtain that approval for refunding upon disbursement of funds.

Note: The Parent PLUS Loan refund method defaults to Parent. Please only complete this form if you wish your student to receive the refund.

APPROVAL TO RECEIVE PLUS LOAN FUNDS VIA EFT

In lieu of a bank check, your PLUS loan funds may be received electronically. Your signature on this Refund Authorization Form incurs the same liability as your endorsement on a bank check. You are obligated to repay the amount of your loan in accordance with the terms outlined in your Promissory Note and Notice of Loan Guarantee and Disclosure Statement.

I understand that it is my responsibility to contact the Office of Financial Aid, prior to disbursement, to cancel or reduce the amount of my Parent PLUS loan.

APPROVAL TO PROCESS PLUS LOAN FUNDS

I authorize the University to process my PLUS loan proceeds and deliver my balance, if any, to my student's bank account.

Signature: _____ Date: _____

This is a required form that must be completed and returned to the Office of Financial Aid before the PLUS Loan can be refunded to your student. Please make a copy for your records.

Please return the completed and signed form to:

Florida State University Office of Financial Aid
A4400 University Center
Tallahassee, Florida 32306-2430
(Fax) 850-644-6404