



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 for 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*

Florida State University's Use of Social Security Number policy is available at  
[https://registrar.fsu.edu/bulletin/undergraduate/information/university\\_notices/](https://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)  
282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306  
Phone: 850-644-0539 | Fax: 850-644-6404 | Email: [financialaid@fsu.edu](mailto:financialaid@fsu.edu)  
[www.financialaid.fsu.edu](http://www.financialaid.fsu.edu)