



## Cash Management Authorization Form

Student Name: \_\_\_\_\_ SONIS ID: \_\_\_\_\_  
(e.g. AB1234567)

### **Please Carefully Read, Sign and Return This Form to Bursar or Financial Affairs Officer.**

The information provided below is in accordance with federal regulations concerning Title IV funds. Title IV funds are financial aid you may receive in your financial assistance package from the College and might include Federal Pell Grant, Federal Direct Stafford Loan (Subsidized and Unsubsidized), and Federal Direct Parent Loan for Undergraduate Students (PLUS). We are required to provide you with this information and to obtain your authorization to manage your financial aid credits as they are applied to your Pomeroy College of Nursing at Crouse Hospital (PCON) Student Account. Please review each of the three authorizations, provide your signature at the bottom of the form and return to the Bursar or Financial Affairs Officer. A signed authorization form will expedite the settlement of your student account. If this signed authorization form is not received prior to the balance due date on the student account, the Title IV financial aid funds will not be applied to non-allowable charges. This may result in an outstanding balance on your student account and could cause late charges to be assessed.

### **Authorization to Apply Title IV Funds to Non-Allowable Charges**

Federal regulations further require that the College apply your Title IV financial aid funds to "allowable charges", which are tuition and mandatory fees. The College also allows many departments to assess charges to your student account in order to consolidate billing. These are considered "non-allowable charges". Non-allowable charges might include health insurance and textbook charges, fines and other miscellaneous fees. Completion of this form will allow your Title IV aid to be applied to all allowable and non-allowable charges reflected on your student account.

### **Authorization to Hold a Title IV Funds Credit Balance**

If the disbursement of federal financial aid creates a credit balance on your student account, your signature below authorizes PCON to retain the credit balance to cover both allowable and non-allowable charges, as defined above, for future enrollment periods. It is further understood that a refund check for all or a portion of the credit balance will be issued upon a request. PCON must pay any remaining credit balance created by Title IV loan funds by the end of the loan period and any other remaining Title IV credit balance by the end of the last payment period in the award year for which they were awarded.

### **Authorization to Apply Title IV Funds to Minor Prior-Year Charges**

Additionally, completion of this form authorizes payment of minor prior-year charges of \$200 or less with current year Title IV financial aid funds.

Once this authorization is signed, it will remain in effect for all subsequent award years you plan to attend PCON. At any time (now or in future years), you may rescind all or a part of this authorization by submitting written notification to the Bursar or Financial Affairs Officer. Your cancellation of any or all of these authorizations is not retroactive.

\_\_\_\_\_  
Student Signature  
(Typed signatures will not be accepted. Must be handwritten, or electronic.)

\_\_\_\_\_  
Date

Pomeroy College of Nursing at Crouse Hospital

Phone: 315.470.7481 Fax: 315.470.5774

### **Document Submission Options:**

EMAIL: DLCHPCONFinAid@crouse.org or US MAIL: 5000 Brittonfield Pkwy Suite B201  
East Syracuse, NY 13057