



## **AUTHORIZATION TO HOLD A FEDERAL STUDENT AID CREDIT BALANCE**

Through this document, you will tell Antioch College how you would like the school to manage the Federal Student Aid (FSA) credit balance on your student account.

An FSA credit balance is created when the total of all FSA funds credited to a student's account exceeds the total of tuition, fees, room, board, and other eligible educational charges on a student's account. Your FSA credit balance was created by funds from the Federal Pell Grant, Federal Parent Plus Loan, Federal Subsidized Loan and/or Federal Unsubsidized Loan. Unless a student or parent (in case of the Parent Plus Loan) authorizes the school to hold a credit balance at the end of each term, the credit balance must be paid to the student or parent as soon as possible but no later than 14 calendar days after the balance is created on the student account.

This form, if signed by you, authorizes Antioch College to apply your FSA credit balance to future term costs, within the Federal aid year.

A student or parent has the right to withhold agreement from all or part of this authorization. If you elect not to authorize the College to hold your FSA credit balance, the funds will be paid to you within the 14- day period noted above. Note that if you elect not to sign this form or if you later cancel your authorization, you will be required to pay any remaining charges for the academic year.

**This authorization will remain in effect for each subsequent term unless you withdraw it.** However, in no case will Antioch College hold an FSA credit balance beyond the end of spring term in the award year for which the funds were awarded.

This authorization may be withdrawn at any time by providing a written request to the following address: Antioch College  
Attn: Finance Department  
One Morgan Place Yellow  
Springs, OH 45387

If you withdraw your authorization, the College will deliver any remaining credit balance to you within 14 days. (Note that your cancellation is not retroactive).

### **Authorization:**

I voluntarily authorize Antioch College to hold and manage my FSA credit balance as described above, and I acknowledge that interest will not be earned on these balances.

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(Printed Student Name)

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(Date)

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(Signature)