

	Work Study Authorization Form
Student Name:	
Student ID:	

I authorize Park University to post my work study earnings to my Park University student account to be applied to direct charges on my student bill. I understand that in order to receive the amount of work study funding awarded to me, I must work at least 15 hours per week.

I understand that federal work study wages can only be applied to current charges and that I am responsible to pay any past due balance from a prior academic year directly to Park University.

I also understand that I have a choice in how my work study funding is paid to me: I can choose to have my paycheck be direct deposited to my personal bank on a bi-weekly basis through the payroll office or I can choose to have my earned work study wages applied to direct charges on my Park U student bill. In addition, I understand I have the right to change my mind and opt out of having my paycheck applied directly to my student bill at any time however I may only opt back in once per term.

Place your initials in the box below to sele	ct your option
I authorize Park University to ap	ply my work study earnings to direct charges on my Park Student Bill
In the event my wages are less t amount, rounded to the nearest do	han the dollar amount requested below, Park will apply the available wage ollar, to my student bill.
	funding paid directly to me on a bi-weekly basis, I understand that I am U student account paid in full by the end of each term.
If you have elected to have your work studend post to your student bill.	dy funding applied to your Student Bill please choose an amount to withhold
Fixed Dollar Amount Option	
I would like the following	dollar amount to be applied to my bill each payroll.
Student Signature	