

UNIVERSITY OF MINNESOTA DULUTH

Financial Aid Withholding Authorization

Please read the entire withholding statement before adding your signature and date to verify that you understand the terms of this authorization.

You can view your student account information at www.d.umn.edu/umdbo/sar.html. Select "View Your Student Account History."

If you have questions regarding this form or your account, please contact Student Accounts Receivable.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Please return completed form to:

Student Accounts Receivable
University of Minnesota Duluth
140 Darland Administration Building
1049 University Drive
Duluth MN 55812-3011

Or fax to: 218-726-8607

Phone: 218-726-7190

E-mail: stars@d.umn.edu

Student information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

I authorize the University of Minnesota Duluth to use my financial aid to pay all outstanding charges on my student account. Financial aid can include loans, grants, scholarships, or other institutional, federal, or state funds. I acknowledge any credit balance remaining may stay on my account unless I claim it. I understand that if I do not claim any credit balance, the University may earn interest on these funds, which will not be paid to me.

I agree that if this aid is not directly credited to my account, I will endorse any financial aid check(s) to the University of Minnesota Duluth. I will not receive any funds until all charges posted to my student account are paid in full. I understand that completion of this form does not guarantee that my student account will be paid in full. Any balance remaining after disbursement of my financial aid is my responsibility.

I authorize the University of Minnesota Duluth to use financial aid funds to pay any non-standard charges assessed to my student account. These charges may include, but are not limited to, the following: bookstore charges, health benefit plan, late fees, and/or installment plan fees. I also authorize the University of Minnesota Duluth to transfer any financial aid funds to any past due balances on my student account.

I understand that this authorization will remain active on my account and is valid for as long as I am a University of Minnesota Duluth student. I understand that in order to inactivate this authorization I must send a written cancellation to Duluth Student Accounts Receivable at the address listed above.

Student signature	Date
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To request copies of this form in an alternative format, please call the Disabilities Services liaison at 218-726-8532. UMD is an equal opportunity employer and educator.