



Campus Work Study/Federal Work Study WITHHOLDING AUTHORIZATION

DIRECTIONS

Please read the entire withholding statement before adding your signature and date to verify that you understand the terms of this authorization. If you have any questions regarding this form, please contact the Financial Aid Office at 978-934-4220.

PERSONAL INFORMATION

Name	Social Security Number	Student ID Number
Email Address		Phone Number
Mailing Address (street number, city, state, zip code)		

Certification

I hereby authorize the University of Massachusetts Lowell to deduct 70% of campus work-study or federal work study earnings to pay all outstanding charges on my student account. I understand that I will receive 30% from these earnings. 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 Univeristy of Massachusetts Lowell to use my campus work or federal work study funds to pay any non-standard charges assessed to my student account. These charges may include but are not limited to: late fees or installment plan fee. I also authorize the University of Massachusetts to transfer any campus work or federal work study earnings 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 Massachusetts Lowell student. I understand that in order to inactivate this authorization, I must send a written cancellation to the Financial Aid Office.

I hereby decline to participate in the 70% withholding program. I understand any balance on my student account is my financial responsibility.

Signature _____ Date _____

Office Use Only
 The Financial Aid Office will forward one copy of the form to the Payroll Office. Payroll cannot begin the financial aid withholding until the signed copy is received.