



HARDING
UNIVERSITY

FEDERAL DIRECT PLUS LOAN CREDIT BALANCE AUTHORIZATION FORM

PLEASE TYPE OR PRINT USING ALL UPPERCASE LETTERS

STUDENT INFORMATION

HARDING ID		SOCIAL SECURITY	
LAST NAME		FIRST NAME	
HOME PHONE	CELL PHONE		EMAIL

PLUS BORROWER'S INFORMATION

PARENT NAME		PARENT SOCIAL SECURITY	
PARENT ADDRESS			
HOME PHONE	CELL PHONE		EMAIL

I authorize Harding University to:

- Refund the credit balance to the student.
- Leave the credit balance on the student account to pay for future charges.
- Return credit balance to lender.
- I do NOT authorize the release of excess funds to the student. I would like the check made out and sent to me at the above address.

PARENT SIGNATURE	DATE
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OFFICE OF FINANCIAL AID SERVICES

Website – www.harding.edu/finaid Email – finaid@harding.edu
Chat – www.harding.edu/finaid
Toll-Free – (800) 477-3243 Phone – (501) 279-4257 Fax – (501) 279-5438
Mail – Box 12282, Searcy, AR 72149-2282
Offices – American Heritage Center, 8 a.m. to 5 p.m., Monday-Friday
Facebook – Harding University Financial Aid Twitter -- @HardingFinAid