



New York College of Traditional Chinese Medicine

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Financial Aid Credit Balance Authorization

Last Name: _____ **First Name:** _____

SS#: _____ **Sex:** [] Male [] Female

Address: _____

Home Phone: () _____ **Cell Phone:** () _____

I understand that financial aid money has been received on my behalf and has been credited to my account. If these funds result in a credit balance, I choose to:

_____ **Leave the funds in my account.**

_____ **Receive a refund check.**

_____ **Send the credit balance back to the lender.**

This letter is a standing authorization pertaining to all future balances and will remain in force unless altered by me in writing.

Student Signature _____ **Date:** _____

Financial Aid Coordinator Signature: _____ **Date:** _____