



# FSA Credit Balance Hold Authorization

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According to the Federal Student Aid Handbook (Volume 4) a Student or Parent may voluntarily authorize the school to hold a FSA Credit Balance. This form is made available to all students who have a FSA Credit Balance and would like to give Trinity Life Bible College Permission to hold their FSA Credit Balance.

Name \_\_\_\_\_ Box No. \_\_\_\_\_ Date: \_\_\_\_\_  
Print Clearly

By signing this form you are giving Trinity Life Bible College permission to hold your FSA Credit Balance.

Amount to be held: \$ \_\_\_\_\_

\_\_\_\_\_  
Student/Parent Signature Date

* * * Office Use Only * * *	
_____ Date Received	
_____ Financial Aid Officer	_____ Business Office

You have received a FSA funds (Pell, ACG, FSEOG grant and/or Stafford Loans) that exceeds your allowable charges. Federal regulations state that whenever a FSA Credit Balance occurs the school must be made available to the student through the form of a check within 14 Calendar Days. By signing this agreement you give permission to Trinity Life Bible College to hold your FSA Credit Balance.

Students may withdraw this authorization at any time.