

LUTHER COLLEGE

Student Authorization to Pay Direct

Student Name: _____ Luther ID: _____

If you plan to use anticipated financial aid to settle any portion of your program charges, you must complete this form and return it to the Luther College Financial Aid Office a minimum of two weeks prior to your program's payment due date.

This arrangement cannot be used unless payment can be made by a Luther check in U.S. dollars. It is your responsibility to contact your program for authorization approval. If your program does not agree, contact the Financial Aid Office to review alternatives.

I will be studying abroad for the period of _____ through _____
(Mo/Day/Yr) (Mo/Day/Yr)

Date leaving U.S.: _____ Study abroad location: _____
(Mo/Day/Yr) (City, Country)

College Name: _____ My program is coordinated through _____
(Example: Butler Univ., CIEE, ISA, IES)

I hereby authorize Luther College to release payment of my financial aid from my student account to the following address for payment toward my study abroad costs. **I will provide a copy of my billing to the Luther College Financial Aid Office.**

Make Check Payable To: _____

Mailing Address for Payment: _____

Name of Program Representative: _____

Program Representative Email: _____

Phone: _____ Fax: _____

I understand that I am responsible for paying to my program any remaining balance not covered by financial aid by the program's payment due date, and that all charges due Luther from a prior term must be paid before my term abroad.

Student Signature

Date

(must be handwritten, not typed or electronic)

SC24SAPD

Luther College Financial Aid Office: PH: 563.387.1018 PH: 800.458.8437 finaid.luther.edu

Document Submission Options

Secure Document Upload Portal: liquidfiles.luther.edu/filedrop/Financial-Aid (requires the student's 7-digit Luther ID) or

FAX: 563.387.2241 or EMAIL: finaid@luther.edu or US MAIL: 700 College Drive, Decorah, IA 52101-1045
