

Authorization to Transfer Credit Balance to Raider Fund\$

Print the document, complete the requested information throughout the form, sign and date your authorization, and mail the form to:

**Middle Tennessee State University
Business Office
290 Student Services and Admissions Center
Murfreesboro, TN 37132**

Student Name: _____ Semester: _____

MTSU ID: _____ Day Phone: _____

I hereby request and authorize Middle Tennessee State University to deduct:
(Please select one.)

\$_____ from my remaining credit balance from Financial Aid, scholarships, and student Loans to be applied to my Raider Fund\$ account.

Apply all of my remaining credit balance from Financial Aid, scholarships, and student Loans to my Raider Fund\$ account.

Please return or Fax (615-904-8169) this authorization in time to be received at the Business Office 5 days before the final fee payment deadline for financial aid credits to be transferred to Raider Fund\$. I understand that all other debts/fees owed to MTSU will be satisfied prior to any funds being applied to my Raider Fund\$ account. I understand that this form in NO WAY guarantees that the processing of my financial aid is complete, nor is this form any part of the financial aid application process.

Signature _____

For Business Office Use Only

Gold Entry Date _____ Entered By _____