



## Office of Financial Aid

Name (Last, First, MI): \_\_\_\_\_

SUA Student ID#: \_\_\_\_\_

Cal Grant B Access award recipients: You may use this form to request that we NOT apply this award to your student account balance or to cancel a previous request.

### CHANGE AUTOMATIC PAYMENT FROM STUDENT ACCOUNT TO DIRECT PAYMENT TO RECIPIENT

☐ By checking this box, I am requesting that my Cal Grant B Access award NOT be applied to my balance (if any) in my student account and that the entire amount be paid directly to me.

- I understand that I am responsible for any unpaid bills in my student billing account that my Cal Grant B Access award would otherwise have reduced or cleared.
- I understand that conversion to direct payment is a manual process that will only affect awards that are scheduled to be paid AFTER this form is processed (processing time approximately 5-10 days).
- I understand that this request applies to the current year only and that I will need to submit this form each year if I do not wish my Access award to be applied to my student account balance.

### Cancel my Previous Direct Payment Request

☐ By checking this box, I am CANCELLING my previous direct payment request, and I want to reinstate automatic payment of my Cal Grant B Access award towards my student account balance (processing time approximately 5-10 days).

### SIGNATURE(S)

By signing this form, I certify that all the information reported on this application is complete and accurate to the best of my knowledge. Some information may be an estimate and will be confirmed and/or updated by the submission of verification documents (i.e., tax returns, bank statements, etc.) I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and that I may be subject to a fine.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)

Please mail or deliver this form in-person to the address provided below. Please write your ID# on attached or supporting documents.