



**WESTERN  
ILLINOIS  
UNIVERSITY**

### Authorization Statement

I authorize Western Illinois University to apply any and all Title IV funds toward my account (listed below) to cover miscellaneous charges. Miscellaneous charges may include but are not limited to Distant Learning Charge, WESTEL, parking tickets, medical services, finance charges, etc. and up to \$200 from the previous academic year.

This authorization will remain in effect until a written request is received to revoke the authorization.

I have read, fully understand, and agree to the conditions of this authorization statement.

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

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Date

Return this form to:

Billing and Receivables Office  
Western Illinois University  
1 University Circle  
Macomb IL 61455 1390  
Phone 309-298-1831 FAX (309) 298-2032

Office Use Only: Hold placed by: _____ Date: ____/____/____  Hold released by: _____ Date: ____/____/____
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Revised: March 21, 2012