

# SOUTHERN METHODIST UNIVERSITY

## PARENT AUTHORIZATION TO CREDIT ACCOUNT

I authorize Southern Methodist University to apply any Title IV financial aid toward the payment of tuition, fees, room and board, or any other charges billed by Southern Methodist University.

I understand that I make this statement voluntarily, and I have the right to rescind this request in writing as it pertains to "other charges" and receive the proceeds.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
SMU Student ID #

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Related ID #

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Return form to:   Division of Enrollment Services  
                          Student Financial Services  
                          Southern Methodist University  
                          PO Box 750181  
                          Dallas, TX 75275-0181  
                          214-768-4789 Fax

**ATTENTION:** If you signed this authorization during the previous award year, it is not necessary to sign it again. This serves as notification that if we already have an Authorization to Credit Account on file, it may be rescinded at any time by contacting the Division of Enrollment Services at (214) 768-3417.