



**AUTHORIZATION TO HOLD A FEDERAL STUDENT AID CREDIT BALANCE**

Through this document, you will tell California Healing Arts College (CHAC) how you would like the school to manage the Federal Student Aid (FSA) credit balance on your student account. An FSA credit balance is created when the total of all FSA funds credited to a student’s account exceeds the total of tuition, fees, and other eligible educational charges on a student’s account. FSA funds credited to a student’s account include: funds from the Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Direct Loans (Stafford Subsidized and Unsubsidized), and Federal Direct PLUS Loans. CHAC does not participate in Federal Perkins Loans or other grants.

Unless a student or parent (in the case of a Parent PLUS loan) authorizes a school to hold a credit balance, the credit balance must be paid to the student or parent as soon as possible, but no later than 14 calendar days after the balance is created (or 14 calendar days after the first day of class if the credit balance was created before the first day of class). This form, if signed by you, authorizes CHAC to retain an FSA credit balance and pay it to you (the student or parent, as applicable) in accordance with CHAC’S Procedure for Paying Federal Student Aid Credit Balances.

A student or parent has the right to withhold their agreement from all or part of this authorization. If you elect not to authorize the University to hold your FSA credit balance, the funds will be paid to you (the student or parent as applicable) within the 14-day period noted above. Note that if you elect not to sign this form or if you later cancel your authorization, you will be required to pay any outstanding charges to CHAC.

This authorization will remain in effect for each subsequent payment period unless you withdraw it. However, in no case will the CHAC hold an FSA credit balance of loan funds beyond the end of the loan period, nor an FSA credit balance of other funds beyond the end of the last payment period in the award year for which the funds were awarded. This authorization may be withdrawn at any time by providing a written request to the following address:

**CHAC Financial Aid Office  
Director of Financial Aid  
500 E. Carson Plaza Drive, Suite 103 Carson,  
CA 90746  
Ph 310.826.7622 or Fax: 310-826-7622**

If you withdraw your authorization, CHAC will deliver any remaining credit balance to you within 14 days. (Note that your cancellation is not retroactive.)

**Authorization**

I voluntarily authorize CHAC to hold and manage my FSA credit balance as described above, and I acknowledge that interest will not be earned on these balances.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date