

OSAP FEE REDIRECTION AUTHORIZATION CHANGE FORM

To be completed by the student (please print):

LAST NAME: _____ FIRST NAME: _____

SOCIAL INSURANCE #: _____ STUDENT #: _____

Please select which changes are relevant to this request:

☐ **AUTHORIZATION CHANGE REQUEST FROM “AGREE TO REMIT” TO “DO NOT AGREE TO REMIT”**

I have submitted my OSAP application for the current academic year and have authorized the OSAP program to redirect my OSAP funds to St. Clair College in order to pay my outstanding fees. I now wish to revoke this authorization and would like the OSAP program to direct my OSAP funding to my bank account directly. I understand that, by revoking this authorization, I will be responsible for paying my outstanding fees to St. Clair College by the posted deadline. I further understand that, should my fees not be paid at the time that St. Clair College is required to confirm my enrolment with the OSAP program (in order that OSAP funds can be directed to my bank account), that St. Clair College will not be in a position to confirm my enrolment as my fees remain unpaid. I understand that this change may take up to 2 weeks to process from the date it is submitted to the Financial Aid Office and may not be processed in time before my enrolment is confirmed. Should this occur, this authorization will be applied to all future disbursements.

Student Signature

Date

☐ **AUTHORIZATION CHANGE REQUEST FROM “DO NOT AGREE TO SUBMIT” TO “AGREE TO SUBMIT”**

I have submitted my OSAP application for the current academic year and did NOT authorize the OSAP program to redirect my OSAP funds to St. Clair College in order to pay my outstanding fees. I now wish to CHANGE this authorization and would like the OSAP program to redirect my OSAP funding to St. Clair College to pay my outstanding fees. I understand this this change may take up to 2 weeks to process from the date it is submitted to the Financial Aid Office.

Student Signature

Date