

# LINDENWOOD

LINDENWOOD UNIVERSITY ST. CHARLES, MISSOURI

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Print) (Print)

Student ID: \_\_\_\_\_  
(Social Security # or 7 Digit ID)

The Lindenwood University Business Office currently offers a service that provides a timely and convenient way of crediting your Federal College Work Study hours to you student account.

Your signature below will enable us to credit your Federal College Work Study hours directly to your student account, as opposed to you being required to routinely visit the Business Office to endorse a check. This authorization may be cancelled at anytime with written notification to the Business Office.

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I authorize Lindenwood University to make Federal College Work Study payments directly to my student account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rev: 07-29-08