



Parent PLUS Loan  
Credit Balance Authorization Form

\_\_\_\_\_ I authorize Defiance College to hold any excess Parent PLUS Loan funds in the student's account until further notice. I understand that this authorization can be revoked at any time by filling out the section below. Credit balances will be disbursed at the end of the Spring semester.

\_\_\_\_\_ I authorize Defiance College to refund any credit balances originating from a Parent PLUS loan to: \_\_\_\_\_  
(Student Name) (ID Number)

\_\_\_\_\_  
Parent Signature Print Name Date

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I rescind authorization to:

\_\_\_\_\_ Hold excess Parent PLUS Loan funds in the student's account and request it be refunded.

\_\_\_\_\_ Remit PLUS Loan credit balances to the above named student.

\_\_\_\_\_  
Parent Signature Print Name Date

Return form to:  
Defiance College Business Office  
701 North Clinton Street, Defiance, Ohio 43512  
Fax: 419-783-2318  
bursar@defiance.edu