

Shenandoah University
Student Account Authorization Form

Name: _____

ID#: _____

I authorize Shenandoah University to charge my student account for my commuter meal plan. By signing this form I am giving authorization to Shenandoah University to use my Title IV Financial Aid funds to pay for the Commuter Meal Plan I have selected. I further understand that if my eligibility for financial aid changes or if the amount of my financial aid is reduced, I will be responsible for any balance due on my student account.

The Premier Plan (CMP15); \$1575 per term _____

The Deluxe Plan (CMP10) ; \$1250 per term _____

The Commuter Express (CMP05); \$650 per term _____

The Select Plan (CMP50); \$515 per term _____

Signature: _____

Date: _____