

Disbursement Form for Study Abroad

Student Financial Services
 50 College Street
 South Hadley, MA 01075
 (413) 538-2291 phone
 (413) 538-2512 fax

Complete this form and email it to: sfs@mtholyoke.edu by **June 1** for fall or full year study, **December 1** for spring. Loans, grants or other payments, can- not be disbursed until we receive this form. Thank you.

STUDENT INFORMATION

Name _____ MHC CID# _____

Estimated Date of Departure _____ Full Year Fall Only Spring Only

Contact person (e.g., parent or guardian) _____

Phone _____ Email _____

PROGRAM/ UNIVERSITY INFORMATION

Program/ University _____

Contact email _____ Fax _____

PAYMENT INFORMATION

A payment will be processed to the student via US Bank Payees Choice. You will receive an email from US Bank Payees Choice. You must have a US based bank account. You must choose ACH Direct Deposit in US Bank Payees Choice and not Zelle due to the dollar limits for transfers using Zelle.

Below are a few tips to help make sure your transfer successful:

1. This is the URL for US Bank Payees Choice if you have already enrolled and need to change your setup from Zelle to ACH Direct Deposit: <https://payeechoice2.usbank.com/MOUNTHOLYOKECOLLEGE>. If you have not previously enrolled, wait for an email invitation.
2. Know your 7 digit CID#. It can be found on my.mtholyoke web page under My Profile.
3. You will need your bank routing number and bank account number.
4. If you are having problems with enrollment or receiving your payment, please email payables@mtholyoke.edu.

BY signing below, I understand:

- I must be registered as a full-time student or the MHC equivalent at my program of study. Failure to comply with this requirement will result in a reduction of my study abroad budget and any financial aid.
- If I do not attend my program of study, all funds must be returned to MHC and I will be responsible for costs incurred, for example but not limited to, airfare and visa fees.
- Any unpaid balance on my student account will reduce the disbursement sent to my bank account and will reduce the funds available to me to cover program expenses.
- Program scholarships will be deducted from the tuition fee and will not reduce the MHC family contribution used to calculate any Laurel Fellowship eligibility that I may be eligible for.

AUTHORIZATION

Student's Signature _____ Date _____

Parent/Guardian Signature* _____ Date _____

(*Required if your parent/guardian is participating in the Federal PLUS loan program)