

Lindsey Wilson College

College Work Study Check Disbursement

I, _____, hereby authorize Lindsey Wilson
(print name clearly)

College to directly apply to my student account all earnings from my Federal Work-Study position. This authority is to remain in effect until LWC has received written notification from me of its termination. I understand that my student account can be viewed at anytime using Banner Web.

Signature of Student

Date

Student ID Number

RETURN TO: BUSINESS OFFICE
210 LINDSEY WILSON STREET
COLUMBIA, KY 42728