



Framingham

State University

STUDENT EMERGENCY ADVANCE CHECK AUTHORIZATION

- **Eligibility:** Full-time Day Division students *may* be eligible for up to a maximum of \$900. Half-time or CE students may be eligible for up to a maximum of \$450.
- Payment of the advance is due 90 days from the date of the request.

PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY

PLEASE NOTE: Emergency advances may take up to 5-7 business days to process.

PAY TO:

STUDENT ID#

TODAY'S DATE:

HOME ADDRESS:

CITY/STATE/ZIP CODE:

CELL PHONE#:

HOME PHONE #:

AMOUNT REQUESTED \$

AMOUNT

DOLLARS AND NO/100

APPROVAL:

Jeff McMaster: **Director of Student Accounts/Bursar** or Sam Landy: **Assistant Director of Student Accounts**

STUDENT ACCOUNTS AND BUSINESS OFFICE USE ONLY

| | | | | | |
|----------|---|------------------|---|---------------|---|
| FTMVEND: | <input style="width: 100%;" type="text"/> | BANNER INVOICE # | <input style="width: 100%;" type="text"/> | DATE/INITIALS | <input style="width: 100%;" type="text"/> |
|----------|---|------------------|---|---------------|---|

| | | | | |
|---------------|--------------|-----------|-------------|----------|
| FORM: FAAINVE | FUND: L02000 | ORG: S100 | ACCT: 70502 | BANK: SF |
|---------------|--------------|-----------|-------------|----------|

CHARGED TO STUDENT'S ACCOUNT:

Date and Initials

CASHIERING SESSION # AND DATE:

CHECK #:

COMPLETED BY:

DATE:

SIGNATURE OF RECIPIENT:



**PROMISSORY AGREEMENT
STUDENT EMERGENCY ADVANCE REFUND**

(Note: Emergency Advances are for full-time Day Division students ONLY and takes at least 48 hours to process. THIS FORM MUST BE SENT FROM FSU EMAIL ACCOUNT TO studentaccounts@framingham.edu IN ORDER TO BE PROCESSED. The student also must have an eRefund account set up.)

I, _____ hereinafter called the maker, promise to pay to Framingham State University, hereinafter called the advancing institution located at 100 State Street, P.O. Box 9101, Framingham, MA 01701-9101 the sum of the amount indicated below together with all attorney’s fees and other costs and charges necessary for the collection of any amount not paid by the agreed upon due date.

1. This advance is made without interest and repayment of the entire amount of principal shall be paid no later than _____. (90 days from the date of request unless otherwise noted).
2. I understand that failure to make full payment by the due date will result in denial of future advance requests, grades, transcripts or diploma at Framingham State University. I will not be permitted to register for any courses and my account may be forwarded to a collection agency and the Commonwealth of Massachusetts Intercept Program.
3. I understand that if my financial aid award changes for whatever reason and does not cover this advance that I am responsible to repay the full amount received.
4. I acknowledge receipt of one copy of this agreement.

Signature below signifies the maker’s agreement to the amount and conditions of the advance.

| | | |
|--------|------------|------|
| \$ | Signature: | Date |
| Amount | | |

Emergent Need/Use of Funds – Why are you requesting this advance: (this section must be filled out.)

Local/University Address: _____

Permanent Address _____

Phone # _____

Phone # _____