



**TCNJ** THE COLLEGE OF  
NEW JERSEY

Office of Student Accounts  
Green Hall 119

## GET IT TRANSFER AUTHORIZATION

STUDENT NAME

PAWS ID NUMBER

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS

PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

I understand that this application authorizes The College of New Jersey to transfer excess funds from my student account to my Get It Account. I recognize that if my financial aid package changes, TCNJ will reverse the refund credited to my Get It Account and I will be responsible for payment of this amount by the next bill payment due date. Should I not pay these funds and I am no longer enrolled at TCNJ, the college will be entitled to collect the balance due in accordance with TCNJ's collection policy.

### **Advancing Funds**

If I'm requesting that funds be transferred to my Get-It card prior to the disbursement of my financial aid package, I agree that I will be using the transferred funds solely for the purchase of TCNJ course related books and related school supplies.

\*MPN and Entrance Loan Counseling MUST be completed prior to transfer approval

\_\_\_\_\_ By initialing, I agree with the above statement for Advancing Funds.

Unused Get It Card funds will be automatically forwarded to the next academic year. If you are leaving the college you may close your account or spend the account down to \$0.

**The maximum allowed transfer per semester is \$600.**

**Please transfer \$\_\_\_\_\_ of my credit balance to my Get It Card account.**

*\*Funds transfer can take up to 2 business days from the date requested. Provided MPN & ELC are complete.*

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Get It Account balance may be checked at any time via the web at

<https://services.jsatech.com/index.php?cid=102>

### **\*\*For Office Use Only\*\***

Initial: Int \_\_\_\_\_ Date \_\_\_\_\_

PAWS: Int \_\_\_\_\_ Date \_\_\_\_\_

Manager: Int \_\_\_\_\_ Date \_\_\_\_\_

Bb: Int \_\_\_\_\_ Date \_\_\_\_\_