

## **GET IT TRANSFER AUTHORIZATION**

STUDENT NAME	PAWS ID NUMBER
EMAIL ADDRESS	PHONE NUMBER
account to my Get It Account. I recognize that if credited to my Get It Account and I will be respo	e College of New Jersey to transfer excess funds from my student my financial aid package changes, TCNJ will reverse the refund ensible for payment of this amount by the next bill payment due date. enrolled at TCNJ, the college will be entitled to collect the balance due
	ny Get-It card prior to the disbursement of my financial aid package, I solely for the purchase of TCNJ course related books and related
*Master Promissory Note and Entrance I By initialing, I agree with the above st	Loan Counseling MUST be completed prior to transfer approval tatement for advancing funds.
Unused Get It Card funds will be automatically fo may close your account or spend the account do	orwarded to the next academic year. If you are leaving the college you wn to \$0.
The maximum allowed transfer per seme	ester is <u>\$600</u> .
Please transfer \$ of my credi *Funds transfer can take up to 2 business	t balance to my Get It Card account. days from the date requested, providing MPN & ELC are complete.
STUDENT SIGNATURE	DATE
	may be checked at any time via the web at tcampus.com/GetIT/AnonymousHome.aspx
** <b>F</b>	For Office Use Only**
CSA Posting: Initials Date	Date
Manager Approval: InitialsDate	Date