

# Application for Podium Advance Funds Billed to Student Account

<b>Student's Name:</b> _____ <b>Albany ID#:</b> _____
<b>Deposit Amount:</b> _____ (not to exceed \$650 per semester)
<input type="checkbox"/> <b>Fall Semester</b> <input type="checkbox"/> <b>Spring Semester</b>

I hereby request that the Deposit Amount I have listed above be credited to my Podium Account. I understand that providing these funds to me will constitute a loan of money from University Auxiliary Services at Albany Inc. (UAS) to me.

I hereby authorize the University at Albany to repay (UAS) the sum of \$\_\_\_\_\_ from my student account, including applying Title IV financial aid funds that I am eligible to receive, in full payment of this loan.

Further, should my eligibility for aid change after I have received the proceeds of this loan, I promise to pay the above amount within thirty (30) days of notification of this change in my award, and understand that if repayment is not made within this time, my academic records will be placed on "hold." I further understand that if repayment is not made within thirty (30) days of the billing date, and if repayment is not made within this time, my academic records will be placed on "hold".

## Terms

**Funds Available:** "Podium Advance" funds are available for purchases at the University Bookstore within two business days from date of signature, and can be used at all other locations two weeks prior to the beginning of the semester.

**Refund Policy:** "Podium Advance" funds added via Student Account will be refunded by the University.

**No other loan will be granted until the prior one is paid in full.** Details concerning the use of "Podium Account" funds are available at [www.albany.edu/uas/podium.html](http://www.albany.edu/uas/podium.html)

## Provisions

*I understand that expenses, including reasonable attorney's fees, incurred in the collection or attempted collection of this note will be charged to me. Without limitation of the holder's rights, this note shall be immediately due and payable, without notice or demand, upon the insolvency, bankruptcy, dissolution, death, or incompetency of any maker or endorser hereof; or if the holder so declares pursuant to any security agreement or other agreement now or hereafter in effect under which the indebtedness represented by this note is secured.*

*I understand that if my academic records are placed on "hold," I will be unable to receive my grades, pre-register for any subsequent semester, and/or obtain an official transcript of my academic record.*

*I declare that all of the information which I have furnished above is true and accurate and acknowledge receipt of a completed copy of this loan application.*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent/Legal Guardian (student under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Send to or drop off in:</b> SUNYCard Office, Campus Center B52 University at Albany 1400 Washington Avenue Albany, NY 12222
<b>Or Fax to:</b> 518-442-8029 <b>Questions? Contact us:</b> 518-442-5989

<b>UAS office only:</b>
UAS approved by: _____
Date: _____