



ECKERD COLLEGE

BURSAR'S OFFICE

Agreement to sign College Work Study Paychecks to Student Account

Student Name: _____ EC ID# _____

My outstanding balance to Eckerd College in the amount of \$_____ for the semester/year, will be paid in installments with my College Work Study (CWS) paychecks. My CWS award is in the amount of \$_____ for the semester/year. I authorize my bi-weekly paychecks to be credited to my student account.

I understand that I must work at least 10 hours per week and submit a completed time sheet with my supervisor's signature by the required deadline date. If I fail to complete the required hours, I understand that I will lose any unused portion of my CWS award. This will result in a balance due on my student account which will be payable immediately.

I understand that a monthly finance charge will be assessed to the outstanding balance since the **CWS award is not advanced, it must be earned.**

Student Signature

Date