

FINANCIAL AID MANUAL		NUMBER Section III	PAGE # App 13
SECTION SELF Loan Program		DATE July 2015	

SELF Debit Form

Please use this format to insure that the information you have requested is processed quickly and correctly.
Please e-mail all information to selfreturns@firstmarkservices.com

NAME OF SCHOOL: ABC School

VENDOR NUMBER: 001234

YOUR NAME: David Jones

E-MAIL ADDRESS AND CONTACT NUMBER: jones@ohesl.com **800-123-4567**

STUDENT NAME	LAST 4 DIGITS OF SSN	AMOUNT
John Doe	7000	\$3,000.00

DISBURSEMENT DATE	LOAN PERIOD
09/05/15	09/01/15 - 05/21/16

REASON FOR RETURN: Student withdrew from school.

CHANGES NEEDED (REISSUE OR CANCEL FUTURE DISBURSEMENTS): Cancel loan and any future disbursements.

STUDENT NAME	LAST 4 DIGITS OF SSN	AMOUNT
Jane Doe	9000	\$2,500.00

DISBURSEMENT DATE	LOAN PERIOD
08/28/15	08/28/15 - 04/02/16

REASON FOR RETURN: Student delayed enrollment until Spring 2016.

CHANGES NEEDED (REISSUE OR CANCEL FUTURE DISBURSEMENTS): Reissue EFT on 01/13/16.

STUDENT NAME	LAST 4 DIGITS OF SSN	AMOUNT
Sally Doe	2000	\$632.00

DISBURSEMENT DATE	LOAN PERIOD
09/20/15	09/15/15 - 5/21/16

REASON FOR RETURN: Incorrectly certified for \$4,500.00.

CHANGES NEEDED (REISSUE OR CANCEL FUTURE DISBURSEMENTS): Reduce the second disbursement to \$1,618.00

GRAND TOTAL: \$6,132.00