



University Finance Office

ACCOUNTS PAYABLE - STUDENT STIPEND/ PAYMENT AUTHORIZATION FORM

Student Information:

Name: _____ SCU ID: _____

E-Mail Address: _____ Phone#: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Payment Delivery Method (select one):

_____ **Check** (Indicate mailing address on the line below if different than permanent mailing address)

_____ **Direct Deposit** (Students must submit Accounts Payable Direct Deposit form with this option)

Student Authorization:

By signing this form, I certify the following:
1. I have received the Student Stipend Taxability Notice from the University
2. I understand that a 1099 NEC form will NOT be issued to me as a stipend recipient

Signature Date

Below section to be completed by the department

Stipend Information:

Position Title: _____ Stipend Number: _____

Total Stipend Amount: _____ No. of Payments: _____

Payment Dates: _____ Payment Amount: _____

Department Authorization:

Preparer Print Name Cost Center

Preparer Signature Phone #. Date

Approving Manager Print Name

Approving Manager Signature Phone #. Date