



# Student Stipend Payment Authorization Form

Student Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Position Title: \_\_\_\_\_ Stipend # \_\_\_\_\_

Total Amount: \_\_\_\_\_ Number of Payments: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Payment Dates: \_\_\_\_\_

Check: Mail \_\_\_\_\_ Direct Deposit: \_\_\_\_ (Attach bank information on Accounts Payable Direct Deposit Form)

By signing this form, I certify that I have received the Student Stipend Award Letter from the University Controller explaining the potential tax consequences of this stipend.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A 1099Misc will be NOT be issued to the recipient for stipend payments.

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department Manager Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

For use by Accounts Payable: Do not write below this line.

This position qualifies for a stipend payment  
and does not establish an employment relationship. \_\_\_\_\_ YES \_\_\_\_\_ NO

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

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