



University Finance Office

ACCOUNTS PAYABLE - STUDENT STIPEND/ PAYMENT AUTHORIZATION FORM

*****Please include the approved stipend eligibility determination form with your stipend payment request*****

Student Information:

Name:

SCU ID:

E-Mail Address:

Phone#:

Payment Delivery Method (select one). [Instructions for Selecting Payment Methods](#)

_____ **Check** (Student must select 'AP Check (mailed)' for Expense Payments)

_____ **Direct Deposit (preferred)** (Student must select 'AP Direct Deposit' for Expense Payments)

Student Authorization:

By signing this form, I certify the following with regard to all stipends:

- 1. I have received the Student Stipend Taxability Notice from the University.**
- 2. I understand that a 1099 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 Date #1:

Payment Amount #1:

Payment Date #2:

Payment Amount #2:

Payment Date #3:

Payment Amount #3:

Optional: Please include any additional information you feel is relevant to this stipend request.

Preparer Print Name

Date