

**NORTHAMPTON COMMUNITY COLLEGE  
STUDENT ACCOUNT CHARGE AUTHORIZATION**

I \_\_\_\_\_, \_\_\_\_\_  
Print Name Social Security #

Hereby authorize Northampton Community College to use excess financial aid or excess cash funds that exist on my Student Account in the Semester of

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ as follows:

AMOUNT AUTHORIZED (check one)

\$ \_\_\_\_\_

Any excess balance

FOR THE PURPOSE OF THE FOLLOWING (check one):

Child Care

Flex Debit Card

(Previous/Future Semester Balance) \_\_\_\_\_/\_\_\_\_\_  
Session / Year

I understand that if I am not eligible for or refuse to accept the financial aid authorized above, or incur additional charges that reduce the amount of financial aid or cash balance available for this transaction, I will be personally responsible for payment in full of any charges owed to Northampton Community College. I understand that Northampton Community College reports delinquent accounts to a National Credit Bureau and Private Collection Agency as it deems necessary, and I am solely responsible for any collection costs or legal fees in connection with such action. **Photo ID is required at the time form is presented.**

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Bursar's Office Authorization Date