Northampton Community College STUDENT ACCOUNT CHARGE AUTHORIZATION

I						
	Full First Name	1	MI		Last Name	
Stu	Student ID Number Last 4 of SS#					
Cu	rrently residing at		Street Address			
			Street Address			
	City		State		Zip	
Hereby authorize Northampton Community College to use my excess financial aid or excess cash funds or credit balance that exist on my Student Account in the Semester/Year of / as follows:						
AN	OUNT AUTHORIZED (chec	k one)				
	\$ Any excess balance					
FC	OR THE PURPOSE OF THE F	OLLOWIN	G (check one):			
	Child Care					
	Flex Debit Card					
	Previous Semester Balance _	/Session/Year		wable transfer fr Title IV funds is	-	
	Future Semester Balances	/ession/Year	_ No maximum			
	Other Specify how you would like you	ur funds directed he	ere			

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