Northampton Community College

STUDENT ACCOUNT CHARGE AUTHORIZATION

I _____
Full First Name MI Last Name

Student ID Number _____ Last 4 of SS# ____ ____ ____ ____

Currently residing at _____
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:

AMOUNT AUTHORIZED (check one)

☐ $_____ ☐ Any excess balance

FOR THE PURPOSE OF THE FOLLOWING (check one):

☐ Child Care

☐ Flex Debit Card

☐ Previous Semester Balance _____/_____ Maximum allowable transfer from previous
Session/Year
Award Year Title IV funds is $200

☐ Future Semester Balance _____/_____ No maximum
Session/Year

☐ Other _____
Specify how you would like your funds directed here

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