

BUSINESS OFFICE

BILLING DISCLOSURE AND AUTHORIZATION FORM (BDA)

FULL NAME: _____
<< PRINT CLEARLY >>

FULL SSN #: _____

I PROMISE TO PAY NORTH COUNTRY COMMUNITY COLLEGE, LOCATED EITHER AT SARANAC LAKE, NY, MALONE, NY OR TICONDEROGA, NY, ALL MONIES INCURRED INCLUDING ANY DEFERRED BOOKSTORE CHARGES. **I UNDERSTAND THAT THIS IS MY PERSONAL OBLIGATION AND IS NOT CONTINGENT UPON ACTUAL RECEIPT OF ANY ALLOWANCES, AWARDS, OR OTHER FORMS OF REIMBURSEMENT FOR WHICH I MAY OR MAY NOT BE ELIGIBLE.** YOU AGREE TO REIMBURSE US THE FEES OF ANY COLLECTION AGENCY, WHICH MAY BE BASED ON A PERCENTAGE AT A MAXIMUM OF 33% OF THE DEBT, AND ALL COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, WE INCUR IN SUCH COLLECTION EFFORTS. ANY ADDITIONAL CHARGES THAT I MAY INCUR WHILE ENROLLED AT NORTH COUNTRY COMMUNITY COLLEGE ARE ALSO COVERED BY THIS PROMISSORY NOTE. UNTIL ALL AMOUNTS THAT ARE DUE AND OWING ON THIS NOTE ARE PAID IN FULL, THE COLLEGE MAY WITHHOLD MY GRADES, TRANSCRIPTS, AND/OR DIPLOMA. EACH OF THE UNDERSIGNED WAIVES PRESENTMENT, DEMAND FOR PAYMENT, AND NOTICE OF DISHONOR, PROTEST, AND ALL OTHER NOTICES IN CONNECTION WITH THIS NOTE.

I HEARBY AUTHORIZE THE BUSINESS OFFICE OF NORTH COUNTRY COMMUNITY COLLEGE TO APPLY THE BALANCE OF MY FEDERAL AND STATE STUDENT FINANCIAL ASSISTANCE (i.e., PELL, SEOG, TAP, STUDENT LOANS, etc.) FOR WHICH I AM ELIGIBLE, AFTER THE PAYMENT OF INSTITUTIONAL CHARGES (TUITION, REQUIRED FEES AND COURSE FEES), TO ALLOWABLE NON-INSTITUTIONAL CHARGES (SUCH AS STUDENT ACTIVITY FEES, ACCIDENT INSURANCE, BOOKSTORE CHARGES, DORM CHARGES, FOOD SERVICE PLAN CHARGES, etc.).

I GIVE NCCC PERMISSION TO DISCUSS ANY AND ALL INFORMATION AS IT RELATES TO MY BILLING STATUS AT NCCC WITH:
(THIS INCLUDES MONIES DUE TO OR OWED BY MYSELF AS WELL AS ANY FINANCIAL AID MATTERS THAT MAY BE PENDING).

Person(s) Name(s) & Relationship to Me

BY CHECKING THIS BOX I AUTHORIZE NCCC TO USE MY FINANCIAL AID TO PAY MY CURRENT BILL AND ANY PREVIOUS AND FUTURE BALANCE DUE FIRST BEFORE RECEIVING A REFUND. I UNDERSTAND BY NOT CHECKING THIS BOX I WILL GET MY FULL REFUND WHEN FINANCIAL AID IS DISTRIBUTED AND WILL BE RESPONSIBLE FOR PAYING ANY OTHER BALANCE OUT OF POCKET.

I UNDERSTAND THAT THIS AUTHORIZATION SHALL BE VALID FOR THIS AWARD YEAR AND ALL SUBSEQUENT AWARD YEARS, UNLESS REVOKED BY ME. I FURTHER UNDERSTAND THAT I MAY RESCIND THIS AUTHORIZATION AT ANY TIME.

I UNDERSTAND THAT IF I CHOOSE TO DROP A CLASS OR NOT TO ATTEND NCCC... I KNOW THAT I MUST OFFICIALLY DROP (IN WRITING) ALL OF MY CLASSES WITH THE RECORD'S OFFICE 518-891-2915 PRIOR TO THE FIRST DAY OF THE SEMESTER OR I WILL BE BILLED AND HELD LIABLE FOR ALL TUITION AND FEES FOR THE ENTIRE SEMESTER OR IF APPLICABLE, UTILIZING THE TIME FRAME SET FORTH BELOW FOR FALL AND SPRING TERMS.

- ➔ DURING THE FIRST FIVE DAYS OF CLASSES – 75% REFUND OF TUITION ONLY, NO REFUND OF FEES
- ➔ DURING THE SECOND FIVE DAYS OF CLASSES – 50% REFUND OF TUITION ONLY, NO REFUND OF FEES
- ➔ DURING THE THIRD FIVE DAYS OF CLASSES – 25% REFUND OF TUITION ONLY, NO REFUND OF FEES
- ➔ AFTER THE THIRD FIVE DAYS OF CLASSES – NO REFUND

WINTER AND SUMMER TERMS FOLLOW A SEPARATE REFUND POLICY

NYS RESIDENCY REQUIREMENTS: AS PER NYS EDUCATION LAW (SECTION 6305), I UNDERSTAND IT IS MY RESPONSIBILITY TO OBTAIN A CERTIFICATE OF RESIDENCY (VALID FOR ONE YEAR) FROM MY HOME COUNTY TREASURER'S OFFICE NO MORE THAN 60 DAYS PRIOR TO THE FIRST DAY OF THE SEMESTER AND NO MORE THAN 30 DAYS AFTER, OR I WILL BE CHARGED AND RESPONSIBLE TO PAY THE OUT OF STATE TUITION RATE. **NOTE: DEADLINES ARE SET BY THE COUNTIES, NOT THE COLLEGE.**

BY SIGNING, I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

STUDENT SIGNATURE

DATE

BUSINESS OFFICE

NCCC: PO BOX 89, SARANAC LAKE, NY 12983
REVISED: 01/06/2021