



Westchester Community College

State University of New York

Authorization of Payment for Other Educationally Related Charges*

****CURRENT AWARD YEAR CHARGES****

I _____, Student ID# _____ authorize the Bursar's Office for Westchester Community College to pay my debt of \$ _____ from my disbursed **TITLE IV federal student aid**. Any remaining funds will be mailed to me at my address on file with the college.

Other Educationally Related Charges:

Description	Amount
1. _____	_____
2. _____	_____
3. _____	_____

I understand that whether or not Federal Student Aid is awarded, I must repay the above listed debt.

Failure to pay the above debt may result in any or all of the following:

- My debt may be turned over to a collection agency and /or attorney;
- I may be reported delinquent to the credit bureau
- Inability to register or receive a transcript

Signature Date

Cashier's Office:

Entered to System: Date _____ Initials _____

Notes: _____

****Applies only to payment of debts with Title IV Federal Student Aid awards***