



## BUSINESS OFFICE

### BILLING DISCLOSURE AND AUTHORIZATION CONTRACT (BDA)

FULL NAME: \_\_\_\_\_

FULL SSN #: \_\_\_\_\_

<< PRINT CLEARLY >>

**I promise** to pay **North Country Community College** [North Country], for all charges incurred by me at any of its locations including the campuses in Saranac Lake, NY, Malone, NY, and Ticonderoga, NY, extension sites, and/or online, including any deferred charges.

**I understand** that North Country is willing to defer payment of tuition and fee charges based upon my being granted approved Financial Aid processed through, but not limited to, the FAFSA, Third Party Notices, NYS TAP Awards, and Scholarships. I further understand that the overall balance incurred, including any balance *after* application of all financial assistance, is due and payable by the first day of classes each semester.

**I understand** that this is my personal obligation and is not contingent upon actual receipts of any financial aid, allowances, award, or other forms of payment for which I may be eligible.

**I understand** that any Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I withdraw from any class(es) before completion, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be adjusted and possibly reduced.

**I also agree** to reimburse North Country the fees and expenses of any collection agency selected by North Country to enforce this contract which may be based on a percentage of 33% of the debt, and all costs and expenses, including reasonable attorney's fees North Country incurs in such collection efforts. Any additional charges I may incur while enrolled at North Country Community College are also covered by this contract.

**I understand and agree** that until all amounts that are due and owing North Country on my student account are paid in full, the college will withhold my diploma, as well as Nursing, Massage, and Rad Tech NYS licensure paperwork if applicable. I further understand North Country will withhold future registrations due to outstanding balances on the account. The undersigned waives demand for payment and all other notices in connection with this contract.

**I hereby** 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) and all allowable non-institutional charges (such as student activity fees, bookstore charges, dorm charges, food service plan charges etc.).

**I understand and agree** that I am responsible for keeping the North Country Registrar up to date with my current mailing address, email address, and phone numbers and that any claimed failure to receive a paper billing statement is waived and does not absolve me of my financial responsibility for payment of such charges to the College.

**Billing Errors: I understand** that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at North Country.

**Primary Method of Communication: I understand and agree** that North Country uses institutionally issued e-mail accounts as the official method of communication, and that I am responsible for reading the e-mails I receive from North Country in a timely fashion.

**IRS FORM 1098-T: I agree** to provide my Social Security number (SSN) or taxpayer identification number (TIN) to North Country on this form as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN.

## BILLING DISCLOSURE AND AUTHORIZATION CONTRACT (BDA) Cont.

I hereby grant North Country permission to discuss all information as it relates to my billing status 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 North Country to use my current financial aid to pay my current bill and any previous balance due first before I am to receive any monies. I also consent and agree that upon notification from North Country, my current financial aid monies may be held to pay any future charges due. I understand that by not checking this box I will be given my full refund when financial aid is distributed and will be responsible for paying any other balances owed to North Country under this contract out of my pocket.

### Tuition Refund Policy

I understand that if I choose to drop a class or not to attend North Country I must officially do so (in writing) with the Registrar’s Office on the appropriate form(s) either in-person or by emailing [records@nccc.edu](mailto:records@nccc.edu) prior to the start of the semester or I will be billed and held liable for all tuition and fees for the entire semester or, if applicable, by application of the time frame set forth below. I understand that courses removed from my schedule after the drop period has ended will be considered withdrawn and shall follow the applicable refund schedule. I understand the tuition refund schedule below applies to full semester Fall and Spring courses only and that all other courses run on a different schedule. I understand a ‘week’ refers to 5 days of classes.

- ➔ During the first week of classes: 100% Refund Tuition & Fees- Add/Drop Period
- ➔ During the second week of classes: 75% of tuition only
- ➔ During the third week of classes: 50% of tuition only
- ➔ During the fourth week of classes: 25% of tuition only
- ➔ After the fourth week of classes: No refund

Quarter Courses, Winter and Summer Sessions follow a separate tuition refund schedule – see the Business Office for such details.

**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. Franklin & Essex County Permanent Residents understand they must complete the North Country Verification Form from the Business Office. **NOTE: THESE DEADLINES ARE SET BY THE COUNTIES, NOT THE COLLEGE.**

I understand that this authorization shall be valid for all charges of North Country regardless of the year or semester incurred.

**BY SIGNING, I CONFIRM I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE STATEMENTS AND PROVISIONS:**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Students under 18 years of age must have this form co-signed by a parent or guardian. As the co-signer you agree to the terms stated and consent and assume responsibility for the obligations of the student.

\_\_\_\_\_  
CO-SIGNER SIGNATURE

\_\_\_\_\_  
CO-SIGNER PRINT NAME CLEARLY

\_\_\_\_\_  
DATE