

# **AUTHORIZATION FOR PAYMENT OF CHARGES**

## **Radiologic Technology Program**



I, \_\_\_\_\_, authorize Indian Hills Community College to apply charges other than tuition, fees, books, room and board to my student account during my period of enrollment at Indian Hills.

I authorize the application of my Title IV aid, which includes federal grants and/or federal loans to pay these charges.

I understand that I can cancel this authorization at any time by contacting the Indian Hills Business Office at 525 Grandview, Ottumwa, Iowa 52501. I am aware that any cancellation notice is not retroactive and will be effective on the date received by the Business Office.

I understand any balance remaining on my student account after the application of my financial aid will be my responsibility to pay. If left unpaid, a hold will be placed on my student account that will stop any future class registration and/or release of transcripts.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_