



BCCC Bookstore Charge Authorization Form

Please read the below information carefully before signing this form.

Student's Name (please print) _____

Student's ID (SSN) # or B# _____

Add Amount: _____ Increase Amount: _____ Decrease Amount: _____

My signature below certifies that I give my permission to Baltimore City Community College to charge/adjust my account for the books and supplies I wish to add to my current payment plan.

I understand that if I cancel my payment plan, I must satisfy any outstanding obligations before registration can be completed for the subsequent semester.

I understand that failure to repay my liability may result in exclusion from all classes until proper settlement has been made and may jeopardize my student status. If in the event that my account with the Baltimore City Community College is delinquent, I authorize the Baltimore City Community College to release information in reference to my account to the State's Central Collection Unit for collection of any unpaid principle. I further understand that if my account is turned over to the State's Central Collection Unit my account will be assessed, and an additional 17% collection charge on any unpaid balance and all fees and charges deemed applicable by the State's Central Collection Unit will be my responsibility. I understand that the State's Central Collection Unit shall have full legal rights and authorization to collect all debts due hereunder.

I understand that I may cancel or modify this authorization for any future transactions at any time and will notify the Office of Student Accounts if I wish to do so. In addition, my signature on this form assures that my consent is given voluntarily.

Student's Signature _____

Date _____