

## AUTHORIZATION TO RETAIN CREDIT BALANCE

I \_\_\_\_\_ request that York Technical College retain my  
Credit balance of \$ \_\_\_\_\_ and apply this balance to my charges for the  
\_\_\_\_\_ semester.

I understand that I am responsible for any charges not covered by my financial aid. I also understand that I may choose to modify or cancel this agreement in writing at any time. I agree that the modification or cancellation will not take effect until the written notice of the modification or cancellation is received by the Accounting Department at York Technical College.

Student \_\_\_\_\_

CID Number \_\_\_\_\_

Date \_\_\_\_\_

York Technical College Official \_\_\_\_\_