



I, _____, give permission to A-B Tech to use my financial aid
(print name)
from 2018/2019 disbursement to pay the emergency loan given to me on
_____ in the amount of _____.

If payment arrangements are not met, I understand my account will be placed with a collection agency and turned over to the N.C. Department of Revenue pursuant to N.C.G.S. 105A, the Set-off Debt Collection Act, for collection. I will be responsible for any collection agency costs or fees incurred in the collection of this account.

Student's Signature

Student ID

Date

Account Number: 01-830-00-235000-25044